

NAVY ALCOHOL AND DRUG MISUSE PREVENTION AND CONTROL



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OPNAV INSTRUCTION 5350.4E

From: Chief of Naval Operations

Subj: NAVY ALCOHOL AND DRUG MISUSE PREVENTION AND CONTROL

Ref: (a) Uniform Code of Military Justice (UCMJ)
(b) NAVPERS 15560D
(c) SECNAVINST 1920.6D
(d) MILPERSMAN 1910-146
(e) DoDI 1010.16 of 15 Jun 2020
(f) SECNAV M-5510.30
(g) COMNAVCRUITCOMINST 1130.8K
(h) OPNAVINST 11200.5D
(i) OPNAVINST 1700.16B
(j) MILPERSMAN 1070-320
(k) MILPERSMAN 1616-040
(l) OPNAVINST 5355.3C
(m) SECNAVINST 5510.35D
(n) SECNAVINST 5300.28F
(o) MILPERSMAN 1910-152
(p) American Society of Addiction Medicine, Patient Placement Criteria for Treatment of Substance Related Disorders, Current Edition
(q) 33 CFR §95.020
(r) 21 U.S.C.
(s) Manual for Courts Martial (MCM), Part III
(t) BUMEDINST 6120.20C
(u) DoDI 1010.01 of 13 Sep 2012
(v) Defense Health Agency (DHA) Procedural Instruction 6025.04 of 8 June 2018
(w) BUMEDINST 6320.101
(x) DoDI 1300.17 of 1 Sep 2020
(y) Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) (NOTAL)
(z) SECNAVINST M-5210.1
(aa) MILPERSMAN 1910-142
(ab) MILPERSMAN 1611-010
(ac) DHA Procedural Instruction 6025.15 of 16 Apr 2019

1. Purpose. To issue policy and procedures for the prevention and control of alcohol and drug misuse within the Navy, consistent with the requirements of references (a) through (ac) and establishes responsibility for execution of those requirements:

- a. Major changes are summarized in subparagraphs 1a(1) through 1a(4).

(1) Several policy revisions were implemented to provide guidance to Active Component (AC) and Reserve Component (RC) personnel regarding changes in alcohol and drug misuse prevention policies.

(2) This revision incorporates previous policies established in NAVADMINs 108/10, 373/11, 334/13 and 076/18 and OPNAVINST 5350.8.

(3) Incorporates major changes to the prescription drug policy and updates on innocent ingestion.

(4) Mandatory timeframes to clear drug positives and discusses the Medical Review Process (MRP), which restructures the command role and provides subject matter expertise in determining incidents of drug misuse.

- b. This instruction is a complete revision and should be reviewed in its entirety.

2. Cancellation. OPNAVINST 5350.4D, OPNAVINST 5350.8 and Navy Personnel Command (PERS-6) policy decision memo of 16 June 1999 for processing requests for Deoxyribonucleic Acid (DNA) testing of urinalysis samples.

3. Scope and Applicability. Provisions of this instruction apply to all Navy AC and RC commands and personnel, permanent detachments and departments. AC and RC personnel of other Department of Defense (DoD) components and United States Coast Guard are included when assigned to Navy commands. For the purpose of this instruction, the term “commanding officer” (CO) also applies to “commander” and “officer in charge” (OIC).

4. Records Management.

a. Records created as a result of this instruction, regardless of format or media, must be maintained and dispositioned per the records disposition schedules located on the Department of the Navy (DON) Assistant for Administration, Directives and Records Management Division portal page at <https://portal.secnav.navy.mil/orgs/DUSNM/DONAA/DRM/Records-and-Information-Management/Approved%20Record%20Schedules/Forms/AllItems.aspx>.

b. For questions concerning the management of records related to this instruction or the records disposition schedules, please contact the local records manager or the OPNAV Records Management Program (DNS-16).

5. Review and Effective Date. Per OPNAVINST 5215.17A, the Office of the Chief of Naval Operations Twenty-First Century Sailor Office (OPNAV N17), will review this instruction annually around the anniversary of its issuance date to ensure applicability, currency and consistency with Federal, DoD, Secretary of the Navy and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction. This instruction will be in effect for 10 years, unless revised or

cancelled in the interim and will be reissued by the 10-year anniversary date if it is still required, unless it meets one of the exceptions in OPNAVINST 5215.17A, paragraph 9. Otherwise, if the instruction is no longer required, it will be processed for cancellation as soon as the need for cancellation is known following the guidance in OPNAV Manual 5215.1 of May 2016.

6. Forms and Information Management Control.

a. Forms.

(1) The forms are available on Naval Forms Online at <https://forms.documentservices.dla.mil/order/>:

(a) NAVPERS 1070/613 Administrative Remarks.

(b) OPNAV 5350/1 Drug and Alcohol Abuse Statement of Understanding.

(2) OPNAV 5350/7 Drug and Alcohol Report (DAR) is available at <https://www.bol.navy.mil> and Naval Forms Online at <https://forms.documentservices.dla.mil/order/>.

(3) The forms are available on DoD Forms Management Program Web site at <http://www.esd.whs.mil/Directives/forms>:

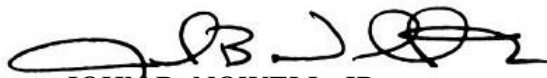
(a) DD 2624 Specimen Custody Document - Drug Testing.

(b) DD 1966 Record of Military Processing – Armed Forces of the United States.

b. Information Management Control.

(1) OPNAV RCS 5350.2 has been assigned to the report and data collection contained in chapter 2, paragraph 18v.

(2) OPNAV RCS 5350.5 has been assigned to the report and data collection contained in chapter 4, paragraph 4a.



JOHN B. NOWELL, JR
Deputy Chief of Naval Operations
(Manpower, Personnel, Training
and Education)

Releasability and distribution:

This instruction is cleared for public release and is available electronically only via DON Issuances Web site, <https://www.secnav.navy.mil/doni/default.aspx>.

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CHAPTER 1
ALCOHOL AND DRUG MISUSE OVERVIEW

1. Alcohol and drug misuse by Navy personnel is absolutely incompatible with the maintenance of high performance standards, individual professionalism, personal readiness, military discipline and most importantly, Navy mission accomplishment. Violation of this instruction may subject Service Members to disciplinary action under reference (b) and may lead to administrative separation (ADSEP) processing, in line with references (c) or (d). The Navy's goal is to be free from the adverse effects of alcohol and drug misuse. There is zero tolerance for the illegal possession or trafficking of drugs and the wrongful possession, use, distribution or promotion of drugs or drug paraphernalia. Likewise, irresponsible consumption of alcohol or prescription medication is detrimental to good order and discipline. Alcohol and prescription medication misuse endangers personnel, negatively impacts careers and adversely impacts mission readiness.
2. Major elements underlying the Navy's approach to eliminating alcohol and drug misuse are prevention, deterrence and detection. The most important components in managing an effective prevention program are education, proactive command involvement and a command climate intolerant of any alcohol or drug misuse.
 - a. For alcohol misuse, this approach emphasizes prevention, education, intervention and medical rehabilitative treatment when appropriate.
 - b. For drug misuse, in addition to identification and prevention, it requires ADSEP processing for any individual with a substantiated single incident of wrongful drug use or drug possession.
3. For the purposes of this instruction, Driving Under the Influence (DUI) also applies to Driving While Intoxicated (DWI), "Operating While Intoxicated" and "Operating Under the Influence". A comprehensive list of terms, definitions and acronyms used in this instruction is provided in Appendix A.
4. This instruction is supplemented by Navy Drug and Alcohol Deterrence Office (OPNAV N173) Operating Guides, residing on the OPNAV N173 websites at <https://mynavyhr.navy.afpims.mil/Support-Services/21st-Century-Sailor/NAAP> or <https://mynavyhr.navy.afpims.mil/Support-Services/21st-Century-Sailor/Drug-Detection-Deterrence/Guides/>. The Operating Guides provide program execution guidance, i.e., "how to" information, including a detailed description of the urinalysis collection process. The processes and procedures described in the operating guides supplement the requirements of this instruction and must be followed as specified. The guides will be updated as appropriate, particularly with regard to technical issues.

CHAPTER 2
ACTIONS AND RESPONSIBILITIES

1. Director, 21st Century Sailor Office (OPNAV N17) is designated as the program sponsor for OPNAV N173 policy and interfaces with DoD and other agencies.
2. Branch Head, Drug and Alcohol Deterrence (OPNAV N173) must:
 - a. Represent Navy through interface with DoD and other agencies.
 - b. Develop, implement and monitor effective substance abuse prevention programs to enhance fleet operational readiness and reduce substance abuse through detection, deterrence and expanded prevention awareness.
 - c. Provide subject matter experts to command inspection teams, to evaluate activities' compliance with policy, assess status of policy implementation within headquarters command and activities and review resource assignment to ensure appropriate use.
 - d. Develop and manage MRP to review all drug positive results that could be the result of licit or illicit prescription drug use.
 - e. Establish Navy urinalysis requirements and conduct an annual quality assurance and assistance for the inspection of DoD Drug Screen Laboratories (DSL), with representatives from the OPNAV N1 Legal or the Office of the Judge Advocate General, Navy and Marine Corps Public Health Center and independent forensic experts.
 - f. Maintain the Alcohol and Drug Management Information Tracking System (ADMITS), a computer database that provides the ability to:
 - (1) Document and report alcohol and drug related prevention education, command-referrals, self-referrals, incidents, screenings and treatment.
 - (2) Maintaining a comprehensive database of all urinalysis (testing, results, command compliance and case disposition).
 - g. Monitor Navy substance use compliance with policy utilizing ADMITS and internet Forensic Toxicology Drug Testing Laboratory (iFTDTL).
 - (1) Monitor all incidents of alcohol and drug misuse Navy-wide.
 - (2) Conduct trend analysis.

h. Forward criminal justice information for all Service Members with an adjudicated drug positive as described:

(1) Forward to Vice Director Navy Staff a list of commands with Service Members who have outstanding positive drug results greater than six months with no reported adjudication bi-annually to include:

(a) Court-martial conviction for wrongful use of a controlled substance;

(b) Non-judicial punishment (NJP) finding of guilty for wrongful use of a controlled substance;

(c) Enlisted Administrative Separation Board finding of misconduct drug abuse per references (c) and (e).

(d) Officer Board of Inquiry finding of misconduct unlawful drug involvement basis per reference (d).

(2) Submit to Naval Criminal Investigative Service (NCIS) a list of Service Members with adjudicated drug positives for the NICS database. Service Members will remain on the list for a period of one year, per Department of Justice guidance.

(3) Update the criminal justice information sent to the Federal Bureau of Investigation via NCIS as necessary when notified by a command a Service Members adjudication result has changed. For example, when an NJP guilty finding, court-martial conviction, Board of Inquiry administrative separation misconduct finding is overturned.

(4) Flag records of members who engage, identified as being involved in drug misuse or unresolved drug positives to prevent reenlistment or transfer until resolved.

3. NAVPERSCOM, Retirement, Limited Duty and Temporary Disability Retirement List Branch (PERS-83) is responsible for the intake, tracking and maintenance of all alcohol and drug ADSEP cases.

4. Chief, Bureau of Medicine and Surgery (BUMED) will:

a. Develop, implement and monitor medical aspects of the program.

b. Provide screening, referral, treatment recommendations, detoxification, early intervention, treatment and continuing care services.

c. Arrange aeromedical evacuation (when necessary) of members in a patient status.

d. Ensure substance misuse services are provided by primary care physicians, mental health professionals, certified substance misuse counselors and other qualified health care professionals as determined by appropriate medical authority. All providers of substance misuse services must be appropriately licensed or certified and trained in assessment and treatment of substance use disorders.

e. Provide medical guidance in development of training and education curricula for all Navy personnel.

f. Provide a representative to the DoD Biochemical Testing Advisory Board.

g. Provide support to OPNAV N173 as needed to assist with required MRP for verifying prescription drug positives results and serve as subject matter expert on associated technical issues when requested.

h. Establish, operate and maintain DSLs for urinalysis and other biochemical testing in support of service requirements set by the Chief of Naval Operations (CNO). Ensure DSLs are certified by appropriate authority.

i. Issue and maintain the standard operating procedures manual for DSLs.

j. Conduct quality assurance inspections of DSLs three times per year and forward results to the Under Secretary of Defense for Personnel and Readiness (OUSD (P and R)), in line with reference (f).

k. Ensure all Substance Abuse Rehabilitation Programs (SARP) report all screening and treatment data in ADMITS.

l. Provide statistical data and collaboration, as required, to OPNAV N173 for the purpose of alcohol and drug misuse testing, SARP screening and treatment data.

m. Provide commands with prescription information for members with a positive drug test in compliance with public law 104-191.

5. United States Naval Academy (USNA) must:

a. Provide alcohol and drug misuse prevention training to all USNA midshipmen.

b. Establish administrative procedures for execution of OPNAV 5350/1 Drug and Alcohol Abuse Statement of Understanding.

c. Maintain a urinalysis program consistent with the policies of this instruction.

6. Commander, Naval Education and Training Command (NETC) must:

- a. Provide education programs in alcohol and drug misuse prevention to enlisted recruits, "A" school and apprenticeship school students.
- b. Provide alcohol and drug misuse prevention education and training to all officer candidates, midshipmen (except USNA midshipmen) and officers in pre-fleet assignment or entry programs.
- c. Include alcohol and drug misuse prevention curricula in General Military Training.
- d. Conduct drug testing consistent with requirements established in chapter 4 of this instruction.
- e. Establish administrative procedures for execution of OPNAV 5350/1.
- f. Administer a random urinalysis program consistent with requirements outlined in chapter 4 of this instruction for all Naval Reserve Officers' Training Corps (NROTC) midshipmen.
- g. Provide Letter of Disenrollment for all midshipmen removed from NROTC due to drug positives to OPNAV N173 within 30 days of notification.
- h. Provide quarterly data from Fleet Management and Planning System and ADMITS on all alcohol and drug misuse prevention education and training conducted to OPNAV N173.
- i. Provide alcohol and drug misuse prevention education and training to all recruits with emphasis on policy and procedures contained in this instruction.
- j. Conduct urinalysis on recruits within 72 hours after reporting for basic training, usually within 24 hours upon arrival, in line with reference (f). Implement detailed screening procedures for accepting individuals into the Navy who present indications of pre-entry Tetrahydrocannabinol (THC) use, but show a potential for credible naval service. Any member retained must be referred for psychiatric or behavioral health consultation to document that the individual does not meet the criteria for a substance use disorder (SUD) prior to continuing with their service in the Navy.
- k. Provide OPNAV N173 statistical data on recruit urinalysis results upon request.
- l. Provide Command Drug and Alcohol Program Advisor (DAPA) (CIN: S-501-0100) course of instruction utilizing personnel who possess the 8419/8418 (Navy Drug and Alcohol Counselor) and 9502 (Instructor) Navy enlisted classification codes.

7. NAVINSGEN must review, as part of the Naval Command Inspection Program, Echelon 2 and 3 alcohol and drug misuse prevention and control programs to ensure program implementation, policy compliance and appropriate use of assigned resources throughout the activities. OPNAV N173 personnel may augment NAVINSGEN inspection teams, as appropriate.

8. CNO, Special Assistant for Naval Investigative Matters and Security (N09N), is designated by the SECNAV as the DON senior agency security official in line with reference (g), is responsible for establishing, directing and overseeing an effective DON personnel security program and for implementing and complying with all directives issued by higher authority.

9. NCIS must:

a. Provide guidance and assistance to commands in implementing and maintaining substance misuse prevention countermeasure programs.

b. Provide statistical data and collaboration, as required, to OPNAV N173 for the purpose of alcohol and drug misuse prevention and control program evaluation and assessment.

10. Director, DoD CAF reports directly to Deputy Secretary of Defense and is the personnel security adjudicative determination authority for all individuals affiliated with the DON. DoD CAF has responsibility for adjudicating information from personnel security investigations and other relevant information to determine eligibility for access to classified information or assignment to sensitive national security positions and communicate the results via the Joint Personnel Adjudication System (JPAS).

11. Commander, Navy Recruiting Command (COMNAVCRUITCOM) must:

a. Provide detailed procedural guidance to identify and screen out individuals engaging in alcohol or drug misuse or drug trafficking who seek to enter or re-enter the Navy in line with reference (h).

b. Implement detailed screening procedures for accepting individuals into the Navy who present indications of pre-entry drug use or underage alcohol use, but who show potential for creditable naval service.

c. Ensure all recruits complete OPNAV 5350/1.

d. Provide statistical data and collaboration, as required, to OPNAV N173 for the purpose of alcohol and drug misuse prevention and control program evaluation and assessment.

12. Commander, Naval Safety Center must provide statistical mishap data and collaboration, as required, to OPNAV N173 for the evaluation and assessment of alcohol and drug misuse prevention and control programs.

13. OPNAV N4 must manage Navy's Military Working Dog Program to support Navy's Drug Detection and Deterrence Program.

14. Echelon 2 and 3 commands must provide a unified and consistent coordination of alcohol and drug misuse prevention program policy to subordinate commands and ensure that:

- a. Alcohol and Drug Control Officer (ADCO) is assigned in writing as a primary duty.
- b. Alcohol and drug misuse prevention education programs are implemented, maintained and monitored (e.g., Alcohol and Drug Abuse Managers and Supervisors (ADAMS) for Leaders). Commands will conduct a review annually of a sample of Service members to determine whether Service members have received their required substance use training.
- c. Commands conduct urinalysis per the procedures outlined in chapter 4.
- d. Program assessment reports to include prevention programs and Inspector General (IG) assessments are submitted as required.
- e. Subordinate commands actively support local initiatives and implement other alcohol and drug misuse countermeasures consistent with the threat environment.
- f. COs, Executive Officers (XO), Command Master Chiefs (CMC) and prospective COs and XOs complete ADAMS for Leaders training as listed in chapter 8 of this instruction.

15. CNIC and Commanders, Navy Region Commands (COMNAVREGCOM) must comply with all provisions of this instruction. In addition, CNIC and all COMNAVREGCOMs must ensure:

- a. Navy Drug and Alcohol Advisory Councils (NDAAC) are established at each shore installation and must meet at least quarterly in coordination with installation DAPAs.
- b. All shore installations maintain and operate an aggressive DUI and DWI prevention program that includes the use of calibrated breathalyzers by security personnel, random safety checkpoints, sobriety checks during entry and exits to base and inspection and enforcement programs covering persons, vehicles and property.

16. Shore Installation COs must:

- a. Implement alcohol and drug misuse countermeasures that are consistent with the threat environment and local community, including use of calibrated breathalyzers by security

personnel, random safety checkpoints, sobriety checks during entry and exits to base and inspection and enforcement programs covering persons, vehicles and property. Alcohol Detection Devices (ADD) must not be used to conduct actions.

b. Establish a local NDAAC and ensure it meets at least quarterly. NDAACs are responsible for analyzing the nature and extent of local alcohol and drug threat and developing an action plan. NDAAC Chair must make current threat assessments available for review during inspections and must make copies available to local commands. The minutes of meetings must be reviewed by the CO and forwarded to the respective Echelon 2 and 3 commands, with a copy to tenant commands.

(1) NDAAC should, at a minimum, include these personnel:

- (a) Installation CO or representative (O5 or above) to act as chair.
- (b) Staff Judge Advocate.
- (c) Fleet and Family Support Center director.
- (d) Chaplain.
- (e) Morale, Welfare and Recreation director and club manager.
- (f) Medical department representative.
- (g) Tenant command representatives.
- (h) Base security representative.
- (i) Base DAPA.
- (j) NCIS representative.

(2) Commanders can and are encouraged to include NDAAC issues as agenda items during other scheduled meetings to optimize staff and personnel schedules.

c. Revoke member's on-base driving privileges for a minimum of 1 year (including any temporary suspension administered prior to conviction), if found guilty of DUI and DWI, in line with reference (i). Suspected violators who refuse to take a Blood alcohol content (BAC) test must have on-base driving privileges immediately suspended, pending resolution of the incident. Report all DUI offenses to member's reporting senior.

d. Enforce underage drinking prohibition statutes by strict compliance with reference (j), which requires installations to adhere to minimum age requirements (for the sale, purchase, possession or consumption of alcoholic beverages) which conform to laws of the local jurisdiction, State or host country in which the installation, facility or activity is located.

e. Ensure close coordination with Federal and local law enforcement agencies.

17. ADCOs must:

a. Be in the pay grade of E-7 or above, an officer or a civilian employee (GS-9 or above) and be assigned primary duties as ADCO. See ADCO Operating Guide located at <https://mynavyhr.navy.afpims.mil/Support-Services/21st-Century-Sailor/Drug-Detection-Deterrence/Guides/>.

b. Attend and complete the DAPA and urinalysis program coordinator (UPC) training within 6 months of being assigned duties as an ADCO.

c. Provide guidance, assistance and quality assurance to assigned commands to establish, maintain and enhance local prevention efforts.

d. Monitor situational reports (SITREP) and ADMITS for command compliance with reporting requirements.

(1) Ensure a DAR is submitted for all SITREPs where drugs or alcohol were a contributing factor in the cause of the incident.

(2) Ensure DARs are processed, signed and entered into ADMITS within 14 days (30 days for reserve units) of the incident date.

e. Monitor ADMITS and the iFTDTL system to ensure commands meet urinalysis testing compliance requirements. Ensure any Navy command that fails to meet its monthly random urinalysis requirement notifies its next higher echelon and OPNAV N173 in the following month with the reason for the compliance failure and the corrective action.

f. Monitor ADMITS to ensure commands comply with screening and treatment requirements per chapter 3 of this instruction.

g. Monitor iFTDTL to ensure all positive results have been viewed by subordinate command.

h. Monitor ADMITS to ensure timely action is taken on each positive result.

(1) Provide OPNAV N173 status reports every 30 days on those Service Members with a positive urinalysis result reported who are still in the Navy after 60 days of the incident date.

(2) Ensure the mandatory use of Navy Drug Screening Program (NDSP) and future updates by all subordinate commands.

(3) Establish appropriate echelon level instructions for the urinalysis program for subordinate commands.

(4) Coordinate with the DSL, OPNAV N173 and UPC to reduce submission discrepancy rates.

(5) Ensure subordinate commands comply with reporting requirements for all positive urinalysis results.

i. Review, update and issue alcohol and drug misuse Area of Responsibility directives.

j. Compile alcohol and other drug misuse statistical data for chain of command through ADMITS.

k. Maintain up-to-date unit identification code (UIC) listing and onboard count in ADMITS.

l. Assess training needs and coordinate education resources.

(1) Survey commands to determine the need for prevention courses.

(2) Coordinate with NETC N7 and OPNAV N173 regarding training support for substance misuse courses.

18. Unit COs must:

a. Provide specific guidance to the command regarding responsible use of alcohol and zero tolerance for drug misuse. This guidance may be published in a local command instruction or included in the command's standard organization and regulations manual.

b. Provide non-alcoholic beverages at command functions where alcohol use has been authorized.

c. Report all information on DUIs by unit members to the installation commander.

d. Notify the base security manager of Service Members involved in incidents of drug misuse.

e. Initiate ADSEP processing for:

(1) Individuals who incur a second DUI during their career.

(2) Those individuals identified, by their command, as alcohol misuse treatment failures. At CO's discretion, waiver process can be initiated.

(3) Service Members determined to be engaged in drug misuse.

f. Designate (in writing) a command DAPA and notify ADCO as updates occur.

(1) Primary DAPA should be E-7 or above, an officer or a civilian employee (GS-7 or above). Assistant DAPAs should be E-5 or above, an officer or a civilian employee (GS-7 or above). COs must maintain close liaison with their DAPAs. The DAPA is the command's primary advisor for alcohol and drug matters and reports directly to the CO.

(2) The DAPA (and assistant DAPAs) must not have an alcohol incident (AI) within 2 years prior to appointment and must have at least 1 year remaining in the command after appointment (except for those personnel on 1 year orders). Service Members who have successfully completed treatment for alcohol use disorder must have achieved at least 2 years sobriety immediately prior to appointment as DAPA.

(3) Within 90 days of assuming duty, DAPAs and assistant DAPAs are required to successfully complete the command DAPA course, unless they have completed the course within the previous 3 years. DAPAs, UPCs and assistants that have initially completed the DAPA or UPC courses greater than 3 years prior to an available workshop as defined in chapter 8 must attend to maintain currency.

(4) Commands with 300 or more Service Members must assign a full-time DAPA. In any case, COs may appoint as many DAPAs and assistants as deemed necessary, but a ratio of at least one for every 100 personnel assigned is recommended.

(5) DAPAs, SARP counselors and personnel serving as Independent Duty Corpsmen (IDC) must not be assigned duties as UPCs.

(6) The command DAPA is required to contact OPNAV N173 to obtain ADMITS and iFTDTL access within 30 days of designation as command DAPA.

g. Confer with command DAPA to determine whether specific instances of alcohol misuse, not characterized as incidents, should be referred to command-level education, command counseling or to a medical screening.

h. Refer Service Members who misuse or are suspected of misusing alcohol or drugs to an appropriate medical facility for an evaluation by a Licensed Independent Practitioner (LIP). A medical screening is mandatory for every member involved in an AI as defined in this instruction.

i. Provide a means for self-referral or command-referral, without risk of disciplinary action, for all Service Members who have not incurred an incident but are in need of screening or treatment for a substance-misuse disorder per chapter 3 of this instruction.

j. Review status of personnel involved in alcohol and drug misuse incidents and take appropriate disciplinary or administrative action, to include remedial education, counseling and treatment (when warranted) for alcohol use disorder and initiate ADSEP processing for all personnel identified as having engaged in drug misuse.

k. Document substantiated incidents of alcohol and drug misuse in Service Members' electronic service records, enlisted evaluations, officer fitness reports and other reports as required by policy. Specifically, ensure substantiated DUI or DWI and other applicable AI are documented and reported in line with references (h) and (k) and comply with the provisions of reference (g). Additionally:

(1) Report alcohol and drug misuse incidents that involve security clearances to PERS-83 in line with reference (l).

(2) Report incidents involving alcohol or drug use by Service Members assigned to special programs or communities (e.g., submarines, nuclear propulsion program, aviation, medical, diving, special warfare and personnel reliability program (PRP)) to the appropriate program manager, in line with references (m) and (n).

l. Conduct an aggressive urinalysis program in line with chapter 4 of this instruction.

m. Appoint primary and assistant UPCs (in writing) and notify ADCO as updates occur. Commands are required to have a primary UPC at all times. The designated primary UPC should be E-7 or above or a civilian employee (GS-7 or above). In all cases where junior personnel are used as command UPCs, the urinalysis program must undergo a quarterly inspection by an officer or chief petty officer (CPO) and results of the inspection forwarded to the CO. DAPAs and personnel serving as IDC must not be assigned duties as UPCs. To facilitate collection of a unit sweep where all hands are to be tested, additional UPCs are recommended.

(1) The command UPC is required to contact OPNAV N173 to obtain ADMITS and iFTDTL access within 14 days of designation as command primary or assistant UPC. The primary UPC is responsible for maintenance and administration of the command urinalysis

program, including reviewing new drug testing results and training of assistant UPCs and observers.

(2) Upon departure or replacement of the primary UPC, the command must notify OPNAV N173 iFTDTL helpdesk via letter to update the primary or alternate UPC account information.

(3) Officers or CPOs should serve as observers to the greatest extent possible. When it is not feasible to use officers or CPOs as observers, only the most trusted junior personnel should be used. Junior observers (below E-7) must be subject to quarterly oversight inspections by an officer or CPO, as in subparagraph 18m.

(4) Commands are officially notified of urinalysis results only when the primary UPC views "New Drug Testing Results" in iFTDTL. Results must be viewed within 30 days of upload. OPNAV N173 will notify the appropriate Echelon ADCO to resolve any unviewed results.

- n. Ensure personnel receive training in line with chapter 8 of this instruction.
- o. Conduct screening for overseas assignment, in line with reference (c), to ensure Service Members with unresolved AIs and drug misuse are not considered for overseas duty.
- p. Proactively monitor aftercare of Service Members who have completed a treatment program.
- q. Protect confidentiality of records that contain information on identity, diagnosis, prognosis and treatment of individuals in substance use disorder treatment programs, as required by Federal law.
- r. Enforce minimum age drinking statutes by strict compliance with reference (o), which requires installations to set age limits that conform to local, State or host country laws.
- s. Commands are required to investigate urinalysis discrepancies reported via iFTDTL and implement corrective actions where warranted. Fatal discrepancies must be investigated with the same level of scrutiny as a positive result. Service Members with specimens reported as potentially adulterated must be retested under the consent premise code (VO) or probable cause premise code (PO). Commands will forward investigation findings to their higher echelon and OPNAV N173 for review. A complete list of discrepancy codes and their meaning are available on the OPNAV N173 Web site at <https://mynavyhr.navy.afpims.mil/Support-Services/21st-Century-Sailor/Drug-Detection-Deterrence/>.
- t. Conduct inspections for items that conflict with OPNAV policy.

u. Attend (or provide representation at) quarterly NDAAC meetings, which are responsible for analyzing the nature and extent of the local alcohol and drug threat and developing an action plan.

v. Submit OPNAV 5350/7 DAR, to ADMITS. See the Resources Operating Guide located at <https://mynavyhr.navy.afpims.mil/Support-Services/21st-Century-Sailor/Drug-Detection-Deterrence/Guides/>.

w. Promptly initiate the ADSEP process for those determined, by their command, to have a treatment failure or those who misused drugs, in line with the provisions of references (e), (h) and (p). For a detailed review of policies, standards and procedures for ADSEP of Service Members from the Navy, refer to reference (c) for enlisted members and reference (d) for officers.

x. Obtain screenings and appropriate treatment and restore to full duty those members who respond favorably to treatment.

y. Assign Service Members separating with an unresolved drug positive urinalysis result a RE-4 reenlistment code (not recommended for reenlistment) and document such action with NAVPERS 1070/613 Administrative Remarks. Member is considered not eligible to re-affiliate with the Navy.

z. Report command failure to meet monthly urinalysis requirements to its echelon superior in the following month with the reason for the compliance failure and the proposed corrective action.

aa. Commanding Officers (CO) will forward criminal justice information to NCIS for every member within their command who is a fugitive from justice.

(1) A person is a fugitive from justice when he or she has fled from any state to avoid prosecution, who leaves the state to avoid giving testimony in any criminal proceeding or who knows that charges have been preferred or are otherwise pending before any civilian or military court against such person and leaves the state of prosecution without proper authority.

(2) COs should consult with a legal advisor prior to reporting a Service Member to NCIS for being a fugitive from justice.

19. Officers, CPOs and enlisted supervisory personnel are responsible for exercising positive leadership, demonstrating full support for OPNAV N173 programs and must:

a. Educate, train and motivate Sailors to normalize a culture that rejects substance misuse and reinforces positive individual and social activity, both on and off-duty.

b. Observe subordinate Sailors and fully document evidence of performance or misconduct which may indicate substance misuse. When appropriate, refer subordinate Sailors to the command DAPA.

20. All Service Members must:

a. Immediately advise their chain of command if they were arrested or criminally charged by civilian authorities. Service Members are only required to disclose the date of arrest or charges, the arrest or charging authority and the offense for which they were arrested or charged. No person is obligated to disclose any of the underlying facts or circumstances concerning his or her arrest or charges. Disclosure of arrest or criminal charges is not an admission of guilt and may not be used as such, nor is it intended to elicit an admission from the member self-reporting.

b. Remain aware of the personal and professional effects of substance misuse and voluntarily seek help at the earliest sign of negative consequences to avoid a substance misuse issue from having major negative personal and professional impacts. Self-referrals, as restricted by this manual, will not normally have negative impacts on a member's career.

c. Abstain from illicit drugs, prescription medication misuse and the overuse of alcohol to the point that such use creates negative personal and professional impacts.

d. Report known or suspected incidents of drug misuse or attempts by Navy personnel to conceal drug use by employing methods to defeat or otherwise interfere with the urinalysis process or drug trafficking to their immediate supervisor, CO, command security manager, base police, master-at-arms or local NCIS office. Failure to do so constitutes an offense punishable under reference (b), article 92.

e. Service Members must report all prescription drugs received from a health care provider not affiliated with the military to their medical department within 10 days of receiving the prescription. The member must be re-evaluated by their primary care manager to determine if treatment is still indicated.

CHAPTER 3
ALCOHOL MISUSE PREVENTION AND CONTROL

1. Alcohol Misuse Prevention and Control Policy.

a. Responsible Consumption of Alcohol. Legal alcohol consumption is a personal decision. Those individuals who choose to consume alcoholic beverages must do so lawfully and responsibly. In addition to compliance with Navy and local requirements, responsible use is the application of self-imposed limitations of time, place and quantity when consuming alcoholic beverages.

(1) Minimum Drinking Age. Consumption of alcoholic beverages on naval installations must be restricted to personnel 21 years of age and older in all 50 States and U.S. territories. In foreign countries the drinking age on the installation must conform to the legal age set by the host country. In the absence of any local law, the minimum drinking age must be 21 years of age per reference (j).

(2) Working Hours. The Navy does not condone the consumption of alcoholic beverages during designated working hours. However, for official functions, ceremonies and other infrequent command-sponsored events (e.g., picnics), it is permissible if approved and authorized by the CO.

(3) Personal Responsibility. Commands must emphasize personal responsibility at all events and must deglamorize alcohol use during military functions and ceremonies (both on and off base) by forbidding those practices that may encourage personnel to consume alcohol irresponsibly. Adequate quantities of non-alcoholic beverages must be provided for those who choose not to drink alcohol. Commanders may issue more stringent guidance on alcohol consumption for their subordinate commands, as appropriate. When Navy personnel consume alcoholic beverages, they are completely responsible for their own actions and associated behavior.

b. Prevention. COs are responsible for providing (or providing access to) alcohol misuse prevention programs. It is far more constructive to prevent alcohol misuse from occurring than to deal with its consequences. A proactive approach by the CO enhances operational readiness and may also save lives and careers. COs must develop a written prevention plan that includes policies, training, education programs and provide a description of the referral process.

c. Alcohol Misuse. Alcohol consumption is never an acceptable excuse for misconduct or poor judgment. Any misconduct or questionable behavior when alcohol use is involved must be addressed immediately and effectively.

d. Command Accountability and Policy Enforcement. COs must exercise sound judgment in enforcing Navy's alcohol misuse policies and ensure proper disposition of individual cases.

COs must analyze all available evidence to determine whether alcohol related misconduct exists and respond to unacceptable behavior or substandard performance with appropriate corrective actions. Consistent enforcement of existing rules, regulations and policies specified in this instruction by officers, enlisted leadership and civilian supervisors is vital to the program's success. Commands that do not strongly enforce Navy policies for preventing alcohol misuse may become potential enablers. If a command fosters an environment tolerant of alcohol misuse, it may expect to incur associated destructive behaviors. It is the responsibility of all Navy personnel to promote a climate intolerant of alcohol misuse, ensuring that all Service Members under the age of 21 do not consume alcoholic beverages, except as permitted by, subparagraph 1a(1).

2. Identifying Alcohol Misuse. The Navy recognizes that alcohol use disorders are preventable and treatable medical conditions. Commands are responsible for identifying Service Members at risk and ordering members into appropriate intervention at the first sign of a problem. Commands may become aware of alcohol misuse by a Navy member through a variety of means. The three ways of identifying alcohol misuse and providing appropriate intervention are self- or command-referrals or alcohol incident (AI).

a. Self-referral. This process provides a Service Member the opportunity to self-report substance misuse to receive screening and appropriate treatment for personal alcohol misuse or misuse without fear of disciplinary action. This includes Service Members under the age of 21 who think they are in need of counseling or assistance for alcohol misuse. Two conditions must be met for a self-referral to be considered valid:

(1) There can be no credible evidence that the Service Member seeking the referral has been involved in an AI. This is not an avenue to avoid the consequences of an AI. A command may not direct an individual to self-refer.

(2) The request for referral must be made only to designated or authorized individuals. If the request is made to any individual other than the referral agents listed in subparagraphs 2a(2)(a) through 2a(2)(h), it cannot be considered a valid self-referral, but may be used as a factor in determining if a command-referral is appropriate. Authorized referral agents are:

(a) DAPA.

(b) COs, XOs, Command Master Chiefs (CMC), Chiefs Of The Boat (COB), Senior Enlisted Advisors (SEA) or Leading Chief Petty Officers (LCPO).

(c) Navy Drug and Alcohol Counselor.

(d) DoD medical personnel, including LIP.

(e) Chaplain.

(f) Fleet and Family Support Center counselor.

(g) Marine and Family Substance Misuse Counseling Centers.

(h) SARP.

(3) Self-Referrals Following Treatment. Service Members successfully completing treatment may at any time self-refer. Members with valid self-referrals are not subject to disciplinary action.

b. Command-referral. A command-referral is initiated by the Service Member's chain of command and may be based on any credible factor such as hearsay, personal observation, LIP report or noticeable change in job performance. COs may refer Service Members in their command for medical screening at a SARP in situations where no incident has occurred and whether or not the member has personally disclosed their problem. COs are strongly encouraged to consider referrals for members under the circumstances identified in subparagraphs 2b(1) through 2b(9):

(1) Member's medical records indicate a history of alcohol problems or events.

(2) History of Monday or Friday absences.

(3) History of financial problems.

(4) Domestic disturbance or family concerns.

(5) Peer or co-worker concerns.

(6) History of accidents or mishaps.

(7) History of heavy drinking.

(8) Alcohol-related injury (to self, not due to misconduct).

(9) Victim of a crime, wherein alcohol consumption by the victim is a contributing factor.

c. AI. An AI is an offense punishable under reference (b) or civilian authority committed by a member where, in the judgment of the member's CO, the consumption of alcohol was a contributing factor. An alcohol use disorder that is not recognized and treated at the earliest stage through the self-referral or command-referral process may remain unchecked to the point where it results in an AI.

3. Screening.

a. Mandatory Screening. Screening is mandatory whenever one or more of the circumstances identified in subparagraphs 3a(1) through 3a(7) occur:

- (1) Any occurrence of DUI.
- (2) Drunk and disorderly conduct.
- (3) Behavior involving alcohol resulting in NJP or courts-martial conviction (including summary courts-martial).
- (4) Alcohol-related civilian arrest.
- (5) Domestic violence where alcohol is a factor.
- (6) Suicide-related behaviors or suicide attempts where alcohol is a factor.
- (7) Competence for duty due to alcohol intoxication or impairment.

b. Screening Process. All referrals must be ordered to the appropriate SARP for screening. Shore and non-deployed commands must refer within 5 working days; deployed commands must refer as soon as practicable. Screening and treatment resulting from command- and self-referrals for alcohol use, should not be viewed as detrimental when recommending member for advancement, promotion, command screening or special assignment.

(1) Documentation. To initiate the screening process, commands must forward the documents identified in subparagraphs 3b(1)(a) through 3b(1)(b) to SARP:

- (a) DAR.
- (b) DAPA administrative screening package.

(2) Screening Summary. A medical screening and recommendation from a LIP must be obtained prior to transferring a member to a SARP facility for treatment. The LIP must determine the nature and extent of the problem and recommend an intervention or treatment needed to return the member to a full duty status. The screening summary must not contain recommendations for disciplinary or administrative actions.

4. Treatment. The primary purpose of a treatment program is to return the member identified as suffering from an alcohol use disorder to a full duty status with a positive, productive and healthy lifestyle. At completion of early intervention or treatment, the SARP must provide a

treatment summary (including a prognosis, additional recommendations and an aftercare plan recommendation, when applicable) to the member's CO.

a. Initial Treatment. Navy's policy is to provide treatment to Service Members diagnosed with an alcohol use disorder as a result of an AI, command-referral or self-referral.

b. Additional Treatment. COs may request additional screening by SARP to determine whether there is a clinical need for another period of treatment. In line with references (c) and (n), commands must process all Service Members they determine to be treatment failures for ADSEP, unless an approved waiver is obtained from PERS-83, via OPNAV N173B and the appropriate Echelon commander. SARP will make recommendations to the command only as to the Service Member clinical need and amenability to participate in additional treatment, not determine whether a Service Member is a treatment failure.

c. Initiating Treatment. Treatment must be provided in line with references (c) and (o) following an AI, self-referral or command-referral, if treatment is recommended and requested or accepted by the Service Member. Commands must coordinate treatment availability with the appropriate SARP within 14 days following the referral. If the level of treatment recommended is not available locally, determination of the nearest facility must be coordinated by the prescribing medical facility. Service Members granted treatment must be placed in a temporary additional duty (TEMADD) status consistent with the requirements of the SARP. Prior to commencing treatment, the member's parent command must:

(1) Complete all disciplinary or administrative actions before treatment. If these actions cannot be completed prior to treatment, consult with the treating SARP regarding appropriateness of treatment.

(2) Submit DAR for processing. Commands should use the Web-based version, which can be accessed at <https://www.bol.navy.mil> (see Support Programs Operating Guide for additional details).

(3) Ensure member has orders and records (medical, dental, screening file) prior to transfer to SARP for treatment. Seal all records to deter tampering.

d. Treatment. Process of restoring to effective function by means of a structured therapeutic program. Level and length of treatment depends on severity of the alcohol or drug problem. The level of treatment and continuum of care is generally divided into five levels of intensity based on reference (n): American Society of Addiction Medicine patient placement criteria:

(1) Level 0.5, Early Intervention and Education Program.

(2) Level 1, Outpatient Treatment.

(3) Level 2, Intensive Outpatient or Partial Hospitalization.

(4) Level 3, Residential.

(5) Level 4, Medically Managed Intensive Inpatient Treatment.

e. Family Participation. In line with reference (o), families of Service Members with alcohol use disorder should be offered counseling and encouraged to participate on a voluntary basis in the treatment process. Family members who have an alcohol use disorder must be encouraged to enter treatment voluntarily for their own benefit, as well as the Service Member's benefit. Eligible family members may receive alcohol and drug misuse rehabilitation services offered through the Service Member's selected dependent health care option (i.e., TRICARE Prime, TRICARE Extra or TRICARE Standard).

5. Aftercare Requirements.

a. Treatment Facility Responsibilities. Upon transfer of medical care from one SARP facility to another or completion of a treatment program, SARP must forward the summary of care to the member's command and place a copy in the DoD electronic medical record. The summary may contain referrals for additional medical or social services, a recommended aftercare plan, ongoing participation in approved self-help groups, clinically monitored outpatient-counseling groups and enrollment in the Navy "My Ongoing Recovery Experience" (MORE) Program. Navy MORE enrollment is mandatory for all patients diagnosed with a moderate or severe alcohol or other substance use disorder. SARP must ensure aftercare plans include continuing care, as needed and are tailored to the needs of the member and command. Special attention should be given to needs of deployable units.

b. Command Responsibility. Commands are responsible for approving, actively monitoring and supporting aftercare and continuing care plans. COs are encouraged to meet with command DAPAs and Service Members in aftercare or continuing care at least quarterly to review progress. The command must create an individualized aftercare plan based on the recommendation from SARP. The command should consult SARP if there are challenges with recommended actions. A command's monitoring of individualized aftercare plans is very important in assisting members to successfully meet treatment goals up to 12 months following treatment. Commands should encourage patients enrolled in the Navy MORE program to continue to participate to help maintain their recovery efforts. Continuing care or aftercare should not be viewed as detrimental and should not interfere with member transferring to or being considered for, operational assignments (e.g., sea duty).

c. Personal Responsibility. Service Members are individually responsible for successfully completing all treatment recommendations and maintaining a career free of any subsequent alcohol misuse.

6. Treatment Failures. The member's CO is responsible for reviewing all relevant information and all medical recommendations, when making a determination of treatment failure. The responsible CO may request input from OPNAV N173, prior to the execution of the ADSEP process to ensure treatment failure criterion has been met. Following a determination of treatment failure, commands are then responsible for conducting the required administrative actions. The examples identified in subparagraphs 6a through 6d provide general indications of treatment failures:

a. Any Service Member who incurs a subsequent AI anytime in his or her career after a period of treatment at Level 2 or above precipitated by a prior AI.

b. Any Service Member who has been screened by medical personnel and found to be in need of treatment and who commences but subsequently fails to complete any prescribed treatment (i.e. formal care). Failure to complete treatment is not an automatic treatment failure (i.e. leaving treatment due to emergency). Commands may contact OPNAV N173 for additional assistance.

c. Service Members who incur an AI at any time during outpatient, intensive outpatient or residential treatment that resulted from an incident, command-referral or self-referral (even though treatment may not have been completed). In the event a member incurs an AI subsequent to screening, but prior to the commencement of formal care, the individual must be reevaluated by SARP and then allowed to receive appropriate treatment.

d. Any Service Member, who fails to participate, follow or successfully complete any medically-prescribed and command-approved recovery aftercare plan. This determination must be made by the member's CO, in consultation with the DAPA and SARP.

7. Command Administrative Requirements.

a. In line with references (c) and (n), immediately process for ADSEP any member(s):

(1) Determined to be a treatment failure by the command.

(2) Incur a second DUI at any time in their career. All such events prior to 4 June 2009 must be counted as one DUI incident when determining a second incident. Upon receipt of notification, PERS-83 will temporarily flag the member's record to preclude transfer, reenlistment or promotion of the member pending resolution of the case.

(3) Determined by a SARP to be in need of treatment and subsequently refuses treatment regardless of the reason (if command-referral or incident). If, in the judgment of member's CO, the purported self-referral is determined to be a fraudulent attempt to avoid assignment to unwanted duty or transfer or to take unjust advantage of acquired education or other incentive, the CO should administer appropriate disciplinary action and may return the member to duty or

process member for ADSEP, per guidance contained in reference (c) for enlisted members and reference (n) for officers.

(4) Whose alcohol-related misconduct is a serious offense or who is a repeat offender for AIs and DUI as in line with reference (o). See Appendix A for definition of serious offense.

(5) Who self-refers and subsequently refuses to be screened by medical personnel.

b. If the CO determines the member has potential for further useful service, the CO may request a waiver to retain the member on active duty. Submit written waivers to PERS-83 via OPNAV N173B and the appropriate Echelon 3 commander (see DAPA Operating Guide for specific guidance).

c. Pre-separation Offer of Treatment. Service Members diagnosed by a SARP with alcohol or substance use disorders must be offered the recommended treatment prior to separation (see DAPA Operating Guide for specific guidance).

d. Program Completion. Upon satisfactory completion of treatment by the member, commands must:

(1) Execute a program completion statement (details and a sample form are available on the OPNAV N173 Web portal <https://mynavyhr.navy.afpims.mil/Support-Services/21st-Century-Sailor/NAAP/> or <https://mynavyhr.navy.afpims.mil/Support-Services/21st-Century-Sailor/Drug-Detection-Deterrence/>).

(2) Monitor aftercare and support plans, including virtual recovery support through Navy MORE.

(3) Explain to member the requirements for reinstatement to special programs and communities.

(4) Submit treatment completion form when treatment is provided by a facility outside of a Military Medical Treatment Facility (MTF). See Resources Operating Guide for additional details, as well as a sample form.

e. Special Programs and Communities. Personnel assigned to the submarine and nuclear propulsion program may be suspended or decertified in line with reference (i). Personnel assigned to the PRP may be suspended or decertified in line with reference (j). For special programs and communities such as submarines, nuclear propulsion program, aviation, medical, diving and special warfare, the respective community manager must be consulted for guidance regarding suspension, decertification and reinstatement.

f. Evaluation (EVAL) and Fitness Report (FITREP) Reporting. Alcohol-related misconduct (e.g., DUI, alcohol-related civilian arrest) must be documented on the member's next EVAL or FITREP. If the reporting senior believes facts should be placed on record before the next occasion for a report (e.g., selection board), a special report may be submitted. Reporting seniors should consult reference (q) for guidance on submission of special reports.

8. Disposition of New Accessions. Differences in administrative handling between officer and enlisted cases are:

a. Enlisted. Any enlisted person diagnosed with alcohol-use disorder moderate or severe within 180 days of entry on active duty, may be processed for ADSEP as an "Erroneous Enlistment." Absent such evidence, the member may be separated as an uncharacterized "Entry-level Separation."

b. Officer Applicants. All applicants for appointment to officer candidate programs determined to have an alcohol use disorder moderate or severe must be denied appointment.

c. Officer Candidates. Officer candidates currently enrolled in a commissioning program (e.g., NROTC) who incur an AI, must be disciplined as appropriate and directed to a SARP for screening and other appropriate actions as required.

d. Confidentiality of Records. Records of identity, diagnosis, prognosis or treatment of any member who has sought or received counseling, treatment or rehabilitation in any DoD facility or program (which are maintained in connection with such program) may not be introduced against the member in a courts-martial, except as authorized by a court order issued under standards set forth in section 290dd-2 of Title 42, U.S. Code. Such records may be used for rebuttal or impeachment purposes where evidence of illegal drug or alcohol misuse (or lack thereof) has first been introduced by the member.

e. Limitations on Use of Information. Disclosures relating to past substance misuse made by a member to alcohol screening, counseling, treatment or rehabilitation personnel may not be used against the member in any disciplinary action under reference (b) or as basis for characterization of discharge. This stipulation applies provided the information is disclosed by the member for the express purpose of seeking or obtaining treatment or rehabilitation. This includes statements made at Alcoholics Anonymous meetings or when attending military prevention, education or intervention classes.

(1) Administrative Actions. This provision does not preclude use of disclosed information to establish a basis for separation in a separation proceeding, to deny or revoke clearance eligibility by the DoD CAF or to take other administrative action, nor does it preclude introduction of evidence for impeachment or rebuttal purposes in any proceeding in which illegal drug use (or lack thereof) has first been introduced by the member.

(2) Other Disclosures. Use of information disclosed by a member to persons other than military drug or alcohol misuse program personnel is not limited under this provision. Similarly, use of information disclosed in response to official questioning in connection with any investigation or disciplinary proceeding must not be considered information disclosed for the purpose of seeking or obtaining treatment or rehabilitation and is not limited under this provision.

(3) Self-incrimination. A judge advocate general officer should be consulted on all self-incrimination cases.

9. ADD.

a. Overview. The use of ADDs is supplemented by an ADD Operating Guide and educational materials, which are posted to the NAAP website at <http://www.naap.navy.mil> <https://mynavyhr.navy.afpims.mil/Support-Services/21st-Century-Sailor/NAAP/>. These educational materials include, among other information, charts that show the effects of alcohol consumption and impairment. The policy governing the use of breathalyzers for the detection and deterrence of impaired driving is contained in reference (o).

(1) Use of ADDs is limited to all Navy active-duty military personnel and reservists in a drilling active-duty status and to non-Navy military personnel assigned to a Navy unit in any capacity (e.g., permanent change of station, temporary duty and temporary duty under instruction).

(2) Personnel belonging to non-Navy units embarked on a Navy vessel or attached to a Navy base are not subject to use of ADDs.

b. The ADD is a tool that can assist commands with identifying Service Members who may require support before an incident occurs due to their use of alcohol. These devices enhance command awareness of the crew's alcohol use culture, educate Service Members on the effects of their alcohol use decisions and self-impairment and support unit safety. Results of ADD testing are not to be used as a basis for disciplinary measures.

c. Commanders may take appropriate action, such as ordering a competence for duty examination or probable cause search, should a Service Member's manner, disposition, speech, muscular movement, general appearance or behavior or other evidence reasonably suggest incapacity to perform military duties due to alcohol or drug use.

d. The use of ADDs is authorized as a complement to a command's initiatives to deter irresponsible use of alcohol and assist with identifying Service Members who may require support and assistance with alcohol use decisions. Any action taken in response to ADD results must be at the discretion of the CO, subject to the limits stated in this instruction and should

focus on safety, training, counseling and education on self-impairment and the responsible use of alcohol.

e. The decision to inspect and how to organize the random testing is at the discretion of the CO, subject to the guidance contained in this instruction and any supplemental guidance issued by superior authority. Generally, an unpredictable testing pattern will produce a more accurate indicator of the command's alcohol use culture. A standard operating procedure must be used for each command to codify unit procedures. Sample standard operating procedures are available on the OPNAV N173 site at <http://www.naap.navy.mil> <https://mynavyhr.navy.afpims.mil/Support-Services/21st-Century-Sailor/NAAP/>.

f. Random ADD inspections are authorized for those Service Members who are on duty and during normal working hours. It is not the intent or purpose of ADDs to test those in an authorized leave or liberty status.

g. When an inspection is approved or directed by the CO, refusal to submit may subject the member to appropriate disciplinary or administrative action.

h. Inspections that include the use of an ADD must be random. Random testing may include a unit or sub-unit sweep. Examples of random testing may include, but are not limited to:

(1) Duty section.

(2) Random testing of Service Members in a duty status and during their assigned work day similar to the urinalysis program.

(3) Special unit evolutions (i.e., weapons handling).

(4) During reserve drill periods.

i. As a benchmark, in line with reference (r), an individual operating a non-recreational vessel is presumed to be under the influence of alcohol when his or her BAC is 0.04 percent or greater.

(1) A Service Member whose ADD-indicated reading is 0.04 percent BAC or greater must be presumed to be not ready to safely perform duties and must be relieved of duty and retained on board the command in a safe and secure environment until the ADD-indicated reading is not detectable. For any reading of 0.04 percent BAC or greater, a referral to the DAPA is appropriate. Additional non-punitive action focused on safety, training, counseling and education may be implemented at the discretion of the CO.

(2) A Service Member who is under the minimum legal drinking age and has an ADD-indicated reading of 0.02 percent BAC or greater must, at a minimum, be referred to the DAPA.

(3) In cases where the ADD reading is 0.02 percent BAC or greater, the Service Member should be retested after a 20-minute waiting period to allow the effect of mouthwash, breath mints, gum or breath sprays that may produce a detectable indicator of alcohol to clear. An ADD reading of less than 0.02 percent must be considered a negative result.

j. COs may use ADD results for any or all of the purposes identified in subparagraphs 9j(1) through 9j(4):

(1) Removal from duty section status or from the performance of assigned tasks.

(2) Education and counseling.

(3) Referral to the DAPA.

(4) To provide the foundation for a probable cause search when considered along with other evidence of intoxication, including, but not limited to, bloodshot eyes, slurred speech, muscular movement, general appearance or behavior, an admission of alcohol misuse by the Service member or statements of other witnesses.

k. COs may not use ADD results for:

(1) As evidence for disciplinary proceedings.

(2) As a basis for adverse administrative action against a Service Member.

(3) As a basis to document counseling Service Members as a consequence of irresponsible use of alcohol in official military personnel records, such as with NAVPERS 1070/613, FITREPs or EVALs.

l. The ADDs must be operated in line with the instructions and guidelines contained in the ADD Operating Guide.

m. Action and Responsibilities

(1) Appropriate commander may provide oversight of ADD implementation to subordinate units, including the establishment of criteria for appointing individuals to administer the ADD testing program.

(2) Commanders and unit COs may:

- (a) Implement the use of hand-held ADDs as a supplement to the command's responsible use of alcohol initiatives, per this instruction.
- (b) Designate an ADD coordinator in writing to administer the ADD testing program.
- (c) Familiarize themselves with the contents of the ADD Operating Guide that is posted on the NAAP Web site at <http://www.naap.navy.mil>
<https://mynavyhr.navy.afpims.mil/Support-Services/21st-Century-Sailor/NAAP/>.

CHAPTER 4
DRUG MISUSE PREVENTION AND CONTROL

1. Drug Misuse Prevention and Control Policy.

a. Overview. Drug misuse by Navy AC and RC personnel adversely impacts mission readiness. The Navy has “zero tolerance” for drug misuse. This policy is dependent on a vigorous and thorough urinalysis testing program which requires a high level of personal integrity for those who are selected for testing, those assigned as observers and those who manage and execute the process.

b. All Service Members are subject to urinalysis. Reference (b) requires urinalysis specimens to be collected under the direct supervision of a designated individual with the same gender marker in the Defense Enrollment Eligibility Reporting System as the Service Member providing the specimen. COs have discretion to take additional steps to promote privacy, provided those steps do not undermine the integrity of the program. However, all collections must be directly observed. COs are encouraged to use discretion or contact your ADCO for additional guidance. Members are required to adhere to the urinalysis policies and procedures when selected to observe. COs must ensure dignity and respect is maintained for members selected to provide a sample as well as for observers; COs have the discretionary authority to assign observers in order to preserve the dignity and respect of both parties.

c. Navy’s drug misuse policy is not subordinate to any foreign, state or local ordinance, which may permit the use, possession, distribution or prescription of a controlled substance.

d. Prohibitions.

(1) Controlled Substance Abuse, Possession, Manufacture, Distribution, Importation, Exportation and Introduction. Reference (b), article 112a, prohibits all persons subject to reference (b) from wrongfully using, possessing, manufacturing, distributing, importing into the United States or introducing into an installation, vessel, vehicle or aircraft used by or under the control of the Armed Forces substances as listed on the Controlled Substances Act schedule of controlled substances prescribed by the President under clause (2) of reference (b), article 112a or which are listed in schedules I through V of section 812 of reference (s).

(2) Drug Paraphernalia. Drug paraphernalia is any device, tool, equipment, material or apparatus not used for an authorized medicinal purpose and is intended or designed for use in manufacturing, concealing, processing, preparing, injecting, ingesting, inhaling or otherwise introducing into the human body a drug or prohibited substance in violation of section 801 et seq. of reference (s). The use, possession or distribution of drug paraphernalia by persons in the DON is prohibited. A violation of this prohibition may result in punitive action, adverse administrative action or both.

(3) Other Substance Misuse. The wrongful use, possession, manufacture, distribution, importation into the customs territory of the United States, exportation from the United States and introduction onto an installation, vessel, vehicle or aircraft used by or under the control of the Armed Forces, by persons in the DON, of controlled substance analogues (designer drugs), illicit use of anabolic steroids or anabolic agents, products containing synthetic cannabinoids (e.g., spice), natural substances (e.g., fungi, excretions, plant substances such as salvia divinorum) or a prescribed or over-the-counter drug or pharmaceutical compound, with the intent to induce or enable intoxication, excitement or stupefaction of the central nervous system, are prohibited and will subject the violator to punitive action under reference (b) or adverse administrative action or both. Although not illegal to possess, using chemicals (e.g., rubbing alcohol, ethanol) and propellants and inhalants (e.g., canned air, nitrous oxide) illicitly for purposes other than what they are intended with the intent to induce or enable intoxication, excitement or stupefaction of the central nervous system is prohibited. Violators must also be subject to punitive action under reference (b), adverse administrative action or both.

(4) Sailors are prohibited from knowingly using products made or derived from hemp (as defined in 7 U.S.C. § 1639o), including Cannabidiol, regardless of the product's THC concentration, claimed or actual and regardless of whether such product may lawfully be bought, sold and used under the law applicable to civilians. "Use" means to inject, ingest, inhale or otherwise introduce into the human body. "Use" includes the knowing use of hemp products designed to penetrate through the skin layer, including but not limited to transdermal patches. This prohibition does not apply to the ingestion, consumption or application of cannabinoid formulations approved as drugs by the Food and Drug Administration for which the Service Member has a valid prescription, such as Dronabinol (Marinol®, Syndros®) and cannabidiol (Epidiolex®). A prescription will be deemed valid if issued by the Service Member's assigned DoD approved medical service provider or a civilian medical professional whose care the Service Member was referred or directed to seek by DoD or as reported to command in line with reference (o). This prohibition also applies to the use of topical products such as shampoos, conditioners, lotions or soaps.

(5) Deceptive Devices and Methods. Any intentional acts to avoid providing a urine sample when lawfully directed; to dilute a urine sample in an effort to reduce the concentration of compounds upon analysis; to substitute any quantitative value of that sample when confirmed by mass spectroscopy and gas or liquid chromatography; to substitute any substance for one's own urine; or to chemically alter, adulterate or modify one's own urine to avoid detection of any controlled substance or to assist another in attempting to do the same, are prohibited. Personnel violating this prohibition or withholding direct knowledge of others violating this prohibition may be subjected to punitive action under reference (b), adverse administrative action or both.

2. Urinalysis Testing Requirements.

a. COs must conduct an aggressive urinalysis testing program using NDSP, tailored as necessary to meet unique unit and local situations. Such tailoring may include, but is not limited

to, grouping and organization of selection pools, test scheduling in support of mission requirements and selection of testing parameters within the constraints of subparagraph 2e. Collection must occur within 4 hours of notification and must be conducted per the methods detailed in the UPC Operating Guide.

b. All Navy AC, all reservists in an active duty or drilling status and individuals enrolled in NROTC and midshipmen programs are required to be included in a urinalysis testing program. Samples collected for urinalysis testing must only use accurate DoD identification numbers unless a waiver to utilize social security number is approved by DON, Chief Information Officer.

c. All active duty personnel, regardless of branch of service, are required to be included in the Navy urinalysis sampling program when assigned to a Navy activity. Commands must notify the parent Service of non-Navy personnel with drug positive results. Commands must forward urinalysis results to OPNAV N173 for appropriate action.

d. All Navy Service Members assigned to an activity in or supported by another Military Service must follow the urinalysis testing program for that Service. Other Service activities must forward all Navy positive results to OPNAV N173.

e. Mandatory Minimum Testing Requirements. Commands must ensure their urinalysis testing program meets the minimum requirements identified in subparagraphs 2e(1) through 2e(6):

(1) A minimum of four testing days per month using the random urinalysis (IR) premise code. Small commands (less than 50 personnel on board) are allowed to conduct random tests at a minimum of twice a month with Echelon 2 approval. Commands with approval from their Echelon 2 must provide a copy of the approval documentation to OPNAV N173.

(2) Commands are always required to test a minimum of 15 percent of assigned personnel per month (maximum of up to 40 percent). Commands must check with their appropriate ADCO for any additional echelon testing requirements. Exceeding 40 percent of assigned personnel is authorized in months where a unit sweep is conducted.

(3) Conduct an end of fiscal year unit or sub-unit sweep of any individuals not tested during the fiscal year to ensure all Navy personnel assigned to Navy UIC have been tested at least once annually. This does not count towards the IR requirements of subparagraph 2e(1). All (100 percent assigned) personnel on board at the end of the fiscal year must have been successfully tested at least once in the fiscal year.

(4) All newly reporting personnel must be tested within 72 hours of arrival or on the first normal duty day after arrival using the sub-unit sweep premise code (IU). This does not count towards the requirements of subparagraph 2e(1).

(5) Samples that are not delivered to the laboratory or submitted and not tested do not count towards meeting minimum testing requirements.

(6) **Telework Testing Requirements.** Service Members who are authorized to telework are subject to the same drug testing policies prescribed for non-telework military members, regardless of telework location. Supervisors must control the daily or weekly telework plans of their military members to ensure they are not teleworking to avoid providing a sample in any way before, during or after the testing process.

(a) Service Members who telework 2 days or less per week may be placed in a TEMADD status if they are selected for urinalysis testing while teleworking. These members must be tested within 30 days under the IU by NDSP “Selected, but not tested” report.

(b) Service Members teleworking 3 days or more may be placed in a separate pool for testing under a IU at a minimum of once per quarter.

(c) Service Members selected to telework outside a 50 mile radius of the command may be tested with another DoD military command in the members’ teleworking area. A memorandum of understanding or memorandum of agreement must be established with the testing command.

1. Service Members must report to testing site within an hour of being notified.
2. Testing commands must notify the parent command when a selected teleworking member does not report for testing and of any positive test results.
3. Parent command of tested teleworking members are responsible for investigating and processing any positive test results.
4. Parent command must notify testing commands of any changes to include, but not limited to, further testing requirements, when member transfers or if member is removed from teleworking schedule.

f. **Types of Urinalysis and Authority to Conduct.** Each category of urinalysis is accompanied by a specific “premise code” which documents the cause for the sample to be collected. Premise codes and their applications are described further in the UPC Operating Guide.

(1) **Search and Seizure.** Results of urinalysis obtained in search and seizure actions may be used for any purpose, including loss of clearance eligibility, disciplinary action and characterization of service in separation proceedings. Further guidance concerning search and seizure actions is contained in reference (t), Military Rules of Evidence 311-312 and 314-316.

(a) Probable Cause Tests premise code. The CO or other officer with command authority may direct a urinalysis, in line with reference (t), Military Rules of Evidence 312 and 315, whenever there is probable cause to believe a member has committed a drug offense and a urinalysis will produce evidence of such offense. Member's declaration of drug use constitutes probable cause to suspect an offense has been committed. Determination of probable cause is best done in consultation with legal counsel.

(b) Member Consent Tests VO. Service Members suspected of having wrongfully used drugs may be requested to consent to urinalysis. Prior to requesting consent, a command representative should advise member they may decline to provide the sample. Where practicable, consent should be obtained in writing, but it is not required. In line with reference (b), article 31(b) warnings are not normally required in such cases, provided no other questioning of the member takes place. Further guidance concerning consent searches is contained in reference (t), Military Rule of Evidence 314 and its analysis.

(2) Inspections under reference (t), Military Rule of Evidence 313. Results of urinalysis inspections may be used for any purpose, including loss of clearance eligibility, disciplinary action and characterization of service in separation proceedings. Further guidance concerning inspections is contained in reference (t), Military Rule of Evidence 313. COs may order urinalysis inspections just as they may order any other inspection to determine and ensure the security, military fitness and good order and discipline of the command. Commands may use any method of selecting personnel or groups of Service Members for urinalysis inspection, including, but not limited to:

(a) IR. Random testing of command personnel must be conducted as required by subparagraph 2e(1) of this chapter.

(b) IU. A unit sweep is a testing of the entire unit, activity or command. Commands are encouraged to implement unit sweeps as an additional detection and deterrence tool and are authorized a maximum of five per year. A sub-unit sweep is a testing of a clearly defined sub-unit or group as described in subparagraphs 2f(2)(b)1 through 2f(2)(b)3:

1. Sub-unit Sweep. A sub-unit sweep is an optional test of a portion of the unit or command (e.g., a watch section, newly reporting personnel, personnel returning from Absence Without Leave, specific division or department, high risk population). Care should be exercised to ensure sub-unit sweeps are not designed or used to target a specific individual.

2. End of Fiscal Year Sub-Unit Sweep. In line with subparagraph 2e(3) of this chapter, an end of fiscal year sub-unit sweep to sample individuals not tested during the fiscal year is mandatory. With limited exception, 100 percent of Navy personnel still in the Navy as of 30 September should have been tested at least once during the corresponding fiscal year. Only samples that have been successfully reported with a positive or negative result count towards this requirement. End of year testing is described further in the UPC Operating Guide located at

<https://mynavyhr.navy.afpims.mil/Support-Services/21st-Century-Sailor/Drug-Detection-Deterrence/Guides/>.

3. Sub-unit sweeps do not count towards the annual maximum allowance for unit sweeps.

(c) Accession Training Pipeline premise code. All students reporting to apprentice training and "A" schools or first module of other training, subsequent to completion of recruit training, must undergo urinalysis testing within 2 weeks of reporting to training (sub-unit sweep premise code). "C", "F" and "T" course type students who are scheduled to attend 21 or more days of training must be tested within two weeks of reporting for training. COs of "A" schools, apprentice training and officer students in warfare or staff specialty entry schools are authorized to exceed urinalysis quotas.

(d) Special Programs and Communities premise code (OO). Special programs and communities (e.g., submarines, PRP, nuclear propulsion program, aviation, medical, diving and special warfare) may set additional substance misuse testing guidance as appropriate to meet specific program needs.

(e) Fitness for Duty Testing premise code (CO). This testing is an examination or referral of a specific member to determine member's competence for duty, in line with reference (u). Results obtained from urinalysis conducted within this category may NOT be used for disciplinary purposes or as a basis for characterization of service in separation proceedings. Additionally, such results may not be used as a basis for the vacation of the suspension or execution of punishment imposed in line with reference (b), article 15 or as a result of courts-martial. Such results MAY, however, be used as a basis for ADSEP or for impeachment or rebuttal in any proceeding in which evidence of drug misuse (or lack thereof) has been first introduced by the member.

(f) Mishap Investigation Tests premise code (AO). A CO or investigating officer may order urinalysis in connection with any formally convened mishap or safety investigation for the purpose of accident analysis and development of countermeasures. Results of positive tests may not be used for punitive action against the member. Positive tests for drug misuse mandate ADSEP processing and possible loss of clearance eligibility, but may NOT be used in determining characterization of service.

(g) Medical Examination premise code (MO). Examination ordered by medical personnel for a valid medical purpose under reference (t), rule 312(b), including emergency medical treatment, periodic physical examination and other such medical examinations as are necessary for diagnostic or treatment purposes.

(3) Service-directed Testing. The categories of inspections identified in subparagraphs 2f(3)(a) through 2f(3)(c) must be conducted in line with this instruction. Testing treatment

clients, prisoners, detainees and entrance testing at greater frequencies and proportions than prescribed for other commands is authorized.

(a) Treatment Facility Clients premise code. Service Members who are attending treatment at a SARP facility must undergo urinalysis as a deterrent to their use of drugs.

(b) Brig Prisoners and Detainees premise code (OO). Testing is mandatory for all prisoners and detainees to detect the presence of drug use in these controlled areas.

(c) Entrance Testing premise code (NO). The individuals identified in subparagraphs 2f(3)(c)1 through 2f(3)(c)5 must undergo drug testing:

1. Candidates for all officer programs must be tested during pre-commissioning physical examinations and may also be tested as required by cognizant unit commanders.

2. Recruit Training Command (RTC) Great Lakes will conduct urinalysis of every recruit within 72 hours of arrival. Normally, urinalysis will occur within the first 24 hours of arrival, in line with reference (f).

3. Prior service personnel recalled to active duty (other than Active Duty for Training) must be tested and evaluated within 72 hours following re-entry.

4. Prior service applicants for selected reserve enlistments or reenlistments must be tested and evaluated in conjunction with their enlistment or reenlistment physical.

5. Active duty and Selected Reserve prior service applicants separated due to drug misuse or who have an unresolved positive are disqualified for enlistment or commission eligibility.

3. Utilization of Positive Urinalysis Results. Only confirmed urinalysis results from a DSL or other DoD-certified laboratory will be used to refer a military member for administrative and disciplinary action or to establish a basis for separation and characterization of service in separation proceedings, in line with reference (c) (article 1910-146 for enlisted members and article 1920-210 for officers).

4. Custody and Management of Test Documentation and Samples.

a. DSLs should retain all testing and chain of custody documentation; 3 years for positive samples and 1 year for negative samples.

b. DSLs may discard negative samples immediately after testing.

c. DSLs must retain positive samples in frozen storage for 1 year, unless requested to retain the specimen due to pending legal or administrative proceedings.

d. If a test result is to be used in a courts-martial or administrative proceeding and the trial or proceeding cannot be completed within 1 year from date of positive test results, the command responsible must request an extension of the 1 year retention from the DSL that performed the test(s). The DSL must extend sample retention as required. When urinalysis results are used as evidence in a general or special courts-martial, the command should consult with the trial counsel to determine when the laboratory may discard the positive sample.

5. Testing Devices. In line with reference (v), use of field-testing, hand-held or point of collection testing devices are not authorized for any testing. All urinalysis testing must be conducted at a DoD DSL or a DoD-certified laboratory.

6. Determination of Drug Misuse.

a. A report of a positive drug test result from a DoD DSL or a DoD-certified laboratory is considered forensic evidence that drug(s) or drug metabolite(s) are present in the urine.

b. COs must investigate a positive drug result to assist in determining if the member's positive sample was the result of authorized or legitimate or wrongful or illegitimate use. Positive results received for a member either not assigned to the testing command or transferred requires the testing command notify the member's parent or gaining command for resolution.

c. Navy's MRP is managed by OPNAV N173 to ensure all prescription drug positive results are appropriately resolved as authorized or legitimate or wrongful or illegitimate use and no adverse disciplinary action is administered to those whose positive drug test is the result of authorized or legitimate prescription drug use.

d. All prescription positive results must be resolved through the Navy's MRP. This process will determine if the positive result could be from medically authorized drug use, detailed guidance is provided in the MRP Operating Guide located at <https://mynavyhr.navy.afpims.mil/Support-Services/21st-Century-Sailor/Drug-Detection-Deterrence/Guides/>.

e. Upon receipt of a positive result potentially caused by the use of prescribed drugs or medical procedure, the command will initiate an investigation into the circumstances that led to the positive result and obtain a technical review from the servicing DSL forensic toxicology expert. Specific document requirements to obtain a technical review from the servicing DSL may include providing substantiating prescription records (including the date of the prescription) and specimen-specific information.

f. OPNAV N173 Review Officer (RO) must review all drug positive urinalysis results to assess authorized or legitimate use or wrongful or illegitimate use within 90 days of notification of a positive result. The RO will make a determination through review of all submitted documents and available records, such as documentation from the command-level investigation, prescriptions documented in electronic health record systems, hard copy medical records, prescription bottles or physician statements documenting drugs administered during medical or dental procedures.

g. Authorized or legitimate use is defined as a Service Member who:

(1) Has a valid prescription for a medicine that was dispensed no more than 180 days prior to the collection event and for a medication that could cause the positive urinalysis result reported.

(2) Has a valid medical explanation, such as a documented medical procedure, which required use of a drug that could cause the positive urinalysis result reported.

h. Unauthorized or wrongful use is defined as a Service Member who:

(1) Does not have a valid prescription or medical explanation for a drug that could cause the positive urinalysis result reported.

(2) Used a prescription medication that was not prescribed to the member. Service Members are responsible for any medication they ingest (e.g., received from a family member, friend, co-worker, etc.).

(3) Used a substance or product containing an illicit controlled substance restricted from import and use by the United States.

i. For the purpose of this instruction, a prescription is valid for the period as written by the prescribing authority to only the Service Member. Absent a specified time period when prescribed, prescriptions for substances included on Schedules II through V of Section 812 of Title 21, United States Code, will be considered expired six (6) months after the most recent date of filling, which is indicated on the label. For example, a prescription with a fill date of August 14th will be considered expired after February 14th of the following year.

j. To reduce confusion and promote the principles of high reliability, the guidelines identified in subparagraphs 6j(1) through 6j(3) must be implemented based on acute, subacute and chronic categories of medical and surgical conditions:

(1) Acute Conditions. For acute medical conditions and routine post-operative care requiring the prescribing of controlled substances, a notation on the prescription's directions for use must limit it to no more than 30 days after the date the prescription was written and must be

tailored to expected pain condition. The patient must be informed on the prescription to return any unused medications to an authorized MTF drug take back center. Use by a Service Member after that date without subsequent follow-up permitting continued use constitutes inappropriate use of the medication. Service Members will be required to have an appropriate follow up appointment prior to being issued a refill of the controlled substance or the issuance of another controlled substance.

(2) Sub-acute Conditions. Occasionally patients have low level or subacute, conditions that benefit from limited use of controlled substances. These patients require a controlled substance agreement as outlined in references (w) and (x). These stable patients must be able to receive a supply of medication not exceeding 1 month in quantity, but may be used on an as needed basis up to one year. A notation on the prescription's directions for use must limit it to no more than 12 months after the date the prescription was written. The patient must be instructed on the prescription label to return any unused medications to an authorized MTF drug take back center. These patients must be seen in-person by their prescriber, at a minimum, every 12 months. While such patients require occasional use of controlled substances, those with chronic pain conditions should undergo evaluation and treatment that minimizes the use of controlled substances and optimizes the use of multimodal therapies, such as, but not limited to, non-steroidal anti-inflammatory medications, adjunct pain medications, behavioral health and physical therapy.

(3) Chronic Conditions. A small subset of patients qualify as chronic users of controlled substances due to on-going medical conditions. These patients require a controlled substance agreement as outlined in references (w) and (x). A notation on the prescription's directions for use must limit it to no more than 12 months after the date the prescription was written. The patient must be instructed on the prescription label to return any unused medications to an authorized MTF drug take back center. Due to the high risk presented by many of these patients, prescribers must reinforce patient requirements that these medications must be taken as prescribed, to avoid potential adverse effects from self-adjusting the medication. While such patients require continuous use of controlled substances, those with chronic pain conditions should undergo evaluation and treatment that minimizes the use of controlled substances and optimizes the use of multimodal therapies, such as, but not limited to, non-steroidal anti-inflammatory medications, adjunct pain medications, behavioral health and physical therapy.

k. OPREP-3 reports are not required when commands are notified of drug positive results by any DSL via the iFTDTL portal. All other means of notification of drug misuse allegations require OPREP-3 and DAR submission. A DAR submission is not required if the member's positive urinalysis is cleared as a result of proper use of prescription medication by OPNAV N173 via the MRP. Positives found to be the result of an authorized prescription and supported by MRP will be annotated in ADMITS and iFTDTL by OPNAV N173.

l. All cases of illegitimate or wrongful use must be processed for ADSEP or board of inquiry. All Service Members who have committed illicit, prescription or other drug misuse as

defined in this instruction must be processed for ADSEP. Board results are to be sent to PERS-83 for final disposition.

m. Unknowing (innocent) ingestion is the introduction of illicit, prescription or other drugs to a member's body without knowledge or consent by the member. For the purpose of this instruction, taking someone else's medication is not considered unknowing or innocent. All cases of unknowing ingestion must be reviewed at an ADSEP board or board of inquiry. See the Resources Operating Guide located at <https://mynavyhr.navy.afpims.mil/Support-Services/21st-Century-Sailor/Drug-Detection-Deterrence/Guides/> for sample determination of positive urinalysis letter and procedures.

n. Service Members must maintain a copy of all health care and prescribed medications in their medical records when receiving medical services outside of an MTF. All personnel must report prescription medications prescribed outside of a MTF within 10 days of dispensing, including dental procedures.

7. Command Administrative Actions.

a. Service records of all members who engage in or are identified as being involved in drug misuse must be flagged by OPNAV N173 to prevent reenlistment or transfer until resolved. Member must also be screened to determine whether the criteria for a substance use disorder is met, disciplined as appropriate and processed for ADSEP. NROTC and USNA midshipmen are prohibited from enlistment or commission with an unresolved positive urinalysis result until the positive result is adjudicated. NROTC and USNA midshipmen with confirmed drug positives as a result of drug misuse are permanently disqualified for enlistment or commission eligibility. See reference (c) for enlisted members and reference (d) for officers to obtain a detailed review of the policies, standards and procedures for ADSEP of Service Members from the Navy.

b. Violation of this instruction may subject Service Members to disciplinary action under reference (b), including violation of article 92 (Failure to Obey a Lawful Order) and article 112a (Wrongful Use, Possession, etc., of Controlled Substances) or adverse administrative action or both.

c. Drug misuse, including documented attempts to defeat drug testing, is a disqualifying factor for security clearance eligibility and must be reported to the security manager.

d. Commands must provide a monthly update to OPNAV N173 as detailed in the Medical Review Operating Guide for each wrongful or illegitimate use drug positive case until a final decision has been determined.

e. Disciplinary or separation action determination is based on the type of premise code used per reference (v) and in line with reference (t), Military Rule of Evidence 312 as applicable.

f. Drug Misuse Self-Referral Policy.

(1) All Navy personnel who self-refer for drug misuse to a qualified self-referral agent (as listed in chapter 3 subparagraph 3a(2) of this instruction) must be screened for a substance use disorder at an appropriate medical facility by either a medical officer or LIP.

(2) Personnel who self-refer and who are determined to meet criteria for a substance use disorder must be considered valid self-referrals and are exempt from any disciplinary action. Valid self-referrals, however, must be processed for ADSEP and offered rehabilitation treatment prior to separation. Any member who self-refers for treatment and subsequently refuses treatment will be immediately processed for ADSEP. Immediate processing for ADSEP will not be delayed for treatment purposes.

(3) Personnel who do not meet criteria for a substance use disorder are not valid self-referrals and will NOT be exempt from disciplinary action. In such cases, COs must take one of these actions:

(a) If member tests positive and does not meet criteria for a substance use disorder, commands must initiate disciplinary action as appropriate and process member for ADSEP.

(b) If member tests negative and does not meet criteria for a substance use disorder (e.g., member's admission is an attempt to avoid sea duty or transfer), commands must initiate disciplinary action as appropriate and return member to full duty or process for ADSEP.

(4) Any Service Member who self-refers for a possible drug related disorder after notification of the requirement to submit or the actual submission of a urine sample for analysis under any testing premise is ineligible for exemption from disciplinary action under the self-referral program.

(5) Notwithstanding a Service Member's valid self-referral, appropriate disciplinary or administrative action (including separation under other than honorable conditions) may be taken against the member for drug misuse occurring either before or after self-referral, if detection of such misuse is based upon independent evidence.

(6) Service Members who self-refer for a possible substance use disorder due to authorized prescription medication may be retained on active duty, provided the command notifies, using official correspondence, OPNAV N173 via their appropriate echelon commander. Any member retained on active duty following treatment for drug related substance use disorder will undergo monthly random drug testing for one year following their most recent discharge from a treatment program in line with reference (u).

(7) Personnel assigned to the submarine and nuclear propulsion program may be suspended or decertified in line with reference (m). Personnel assigned to the PRP may be

suspended or decertified in line with reference (n). For special programs and communities such as submarines, nuclear propulsion program, aviation, medical, diving and special warfare, the cognizant community manager must be consulted for guidance regarding suspension, decertification and reinstatement.

g. Retests. The Service Member, the member's legal representative, the submitting unit commander, a military judge or an attorney representing the submitting unit, may request a retest of a sample within the restrictions of reference (f), section (4). All requests must be forwarded through the submitting unit or trial counsel to OPNAV N173 for approval. OPNAV N173 will send approved request to the DSL that reported the result.

(1) A specimen may be retested at the DSL that confirmed and reported the positive result or the specimen may be sent to another DoD-certified DSL or the Armed Forces Medical Examiner System laboratory for retesting.

(2) Samples may be retested only for the drug which was previously identified to be positive and only to confirm the presence of the reported drug or drug metabolite. On a retest, the drug does not need to quantify above the DoD confirmation cutoff concentration, but only requires the drug to quantify at or above the DSL's established limit of detection.

(3) A specimen may be sent to a Department of Health and Human Services certified commercial laboratory for retest at the member's expense, if the requirements in reference (f) section (4) are met.

(4) The DSL must obtain authorization from OPNAV N173, the submitting unit commander or military judge if sending a specimen for retest would result in less than 10 milliliters remaining for any additional retest purposes in line with reference (f).

(5) Retesting a sample for the use of DNA testing as a means of identity attribution is discouraged. However, in the event of an approved request, the following guidelines must be met:

(a) Testing must be conducted at a reputable and approved DoD lab that has done forensic DNA extractions.

(b) A hormone profile must be obtained for the specimen in question and from a second, observed collection.

(c) A non-finding is not a negative finding. Navy and Marine Corps collection procedures and DoD and DON drug testing laboratory procedures are not designed to prevent contamination by "foreign" (non-donor) DNA.

8. Pre-service Use of Drugs.

a. Policy. Those persons who currently meet diagnostic criteria for a substance use disorder related to drugs other than alcohol and persons whose pre-service drug misuse indicates a tendency to continue misuse, must not be permitted to enter the Navy. Recruiting procedures must include positive measures to identify and screen out individuals who indicate a tendency of continual drug misuse at the point of application for enlistment appointment or commission. Any Navy applicant must test negative for drugs and alcohol, including such testing at Military Entrance Processing Stations (MEPS), prior to entering active duty or the reserve component. When Navy applicants test positive for only THC and no other drug on the testing panel, the applicant is not eligible for entrance to the Navy for a period of 90 days from the date of test administration at MEPS, but may return for subsequent drug test and MEPS processing on the 91st day. The applicant must test negative for all testing panel drugs on the subsequent test and a MEPS-directed or Navy-directed medical provider, at their discretion and based upon their level of suspicion of substance misuse, must refer the applicant for psychiatric or behavioral health consultation to document that the individual does not meet criteria for SUD prior to entrance to the Navy. Any applicant who tests positive on the subsequent test is permanently disqualified from military service per reference (f).

b. Guidelines for Acceptance. Despite pre-service drug use, individuals may possess potential for future productive service. COMNAVCRUITCOM must establish procedures within the guidelines of references (h) and (o) to grant enlistment eligibility waivers to applicants with a past history of drug misuse. Individuals convicted of a drug-related offense are processed within the same guidelines developed by COMNAVCRUITCOM for processing applicants with other types of criminal convictions.

c. Special Programs. Program sponsors may establish special acceptance criteria for entry in programs such as submarines, Nuclear Propulsion Program and Nuclear Weapons PRP, provided the special acceptance criteria does not violate general acceptance policy established in references (m) and (n).

d. Characterization. An enlistment eligibility waiver cannot be used to characterize a discharge.

e. Mandatory Pre-service Statements of Understanding.

(1) Prior to induction, every officer and enlisted accession must be briefed on the objective of OPNAV 5350/1 or DD 1966 Record of Military Processing - Armed Forces of the United States and must be required to read and sign it. This statement describes Navy's zero tolerance policy for drug misuse, urinalysis procedures for detecting drug misuse and consequences if drug misuse is detected after entry.

(2) COMNAVCRUITCOM, NETC and Superintendent, USNA must establish administrative procedures for executing OPNAV 5350/1. Statements are obtained from individuals reporting to RTC Great Lakes.

(3) The signed OPNAV 5350/1 must be filed in the member's electronic service record. Failure to file the statement does not preclude enforcement of Navy's drug policy.

(4) All enlisted Naval Nuclear Propulsion Program candidates must sign a nuclear field statement of understanding prior to enlistment in the program. The statement of understanding specifically states that continuation in the program is denied to any individual identified as a drug misuser, whether the misuse occurred before or after entry into active service. Applications for the Naval Nuclear Propulsion Program by officers, officer candidates and midshipmen who disclose pre-service marijuana use are reviewed in line with reference (m).

f. Post-enlistment Disclosure of Pre-service Drug Misuse. Commands must, on a case-by-case basis, evaluate personnel who admit to pre-service drug misuse after denying such misuse at the time of entry. COs may discipline those members, if appropriate and if the admission is credible, process for ADSEP by reason of fraudulent enlistment. Personnel who otherwise would have met acceptance criteria at induction may be retained with approval of the officer exercising general courts-martial authority.

9. Sacramental Use of Peyote by Native American Service Members.

a. Authorized Use. Use of peyote as a religious sacrament in connection with the bona fide practice of a traditional religion by Navy personnel, who are members of Native American tribes, as defined in reference (y), is authorized and must be accommodated. In addition to authorized ingestion of peyote, it may be possessed in amulet form, not for ingestion and such an amulet may be worn as an item of religious apparel subject to uniform regulations.

b. Command Notification. A Service Member who has used peyote in connection with a ceremony (allowed by reference (y)) must notify their commander upon return to duty after such use. Service Members may be required to notify the commander prior to use if, in the judgment of the commander, it is in the best interests of command readiness or safety.

c. Limitations. Peyote must not be used, possessed, distributed or introduced aboard military vehicles, vessels, aircraft or installations unless permitted by the cognizant commander.

(1) Commanders may impose additional limitations within the guidelines of reference (f) in order to maintain command readiness, unit cohesion, standards, safety, good order and discipline.

(2) Peyote must not be used on duty or within 24 hours before scheduled military duty.

(3) Peyote must not be used, possessed, transported or distributed when such activity would violate international law or the laws of other countries.

(4) Managers of special programs and communities (e.g., submarines, nuclear propulsion program, aviation, medical, diving, special warfare and PRP) may impose additional limitations by supplemental instruction that are reasonable, necessary and consistent with the standards set forth in references (m) and (n).

CHAPTER 5
POLICIES FOR THE RESERVE COMPONENT

1. Reservists are subject to the same policies and procedures prescribed for active duty Navy members, regardless of drilling location. Drilling reservists determined to have misused drugs must be processed for ADSEP.
2. Scheduled date of release to inactive duty must not preclude reservists on extended active duty from receiving appropriate level of treatment while on active duty. Date of release to inactive duty may be extended to complete appropriate level of treatment, if necessary. Member's aftercare program would then be completed while in an inactive duty status and monitored by the command responsible for the member serving on inactive duty.
3. Reservists (in an inactive duty status or on active duty orders of fewer than 30 days) must be screened by a SARP for alcohol or drug problems, to the maximum extent feasible. Screening of reservists is authorized if conducted at a military installation while in a drill or in an active duty status.
 - a. A SARP referral to Prime for Life early intervention program may be recommended and must be authorized on a non-pay, additional Inactive Duty Training (IDT) drill basis.
 - b. If a Service Member is diagnosed with a substance use disorder by a LIP using the current edition of reference (z), the member should receive treatment appropriate to diagnostic severity as determined by the LIP. Service Members should be counseled to seek required treatment through an accredited inpatient or outpatient treatment facility available to the member from civilian resources.
 - (1) Use of military treatment facilities is authorized. However, treatment at military facilities must be under individually prepared, permissive, letter-type orders. Orders must clearly set forth the fact that pay, allowances and retirement points are not authorized.
 - (2) Government transportation, including use of the aeromedical evacuation system (where available) is authorized. If government transportation is not available or member desires to use other than government transportation, such transportation will be at the member's own expense and not subject to reimbursement.
 - c. If a reservist is diagnosed with an alcohol-use disorder and treatment is not available, the command must maintain the member in an enhanced, command-level program and must counsel the member to seek appropriate treatment through available civilian resources.
4. Failure to comply with an ordered treatment plan or treatment failure reflects negatively on member's potential for continued useful service and requires processing for ADSEP and possible loss of clearance eligibility.

5. If a level of treatment precludes satisfactory participation at member's current training category level, member should be transferred to an appropriate training category or records review unit.
6. A reservist who tests positive for THC within the first 29 days of extended active duty may not be guilty of drug misuse. In cases of extremely-heavy marijuana misuse, the body can store the drug and may be detected at levels above the DoD established cut-off for up to 30 days. Hence, use of marijuana conceivably could have taken place prior to entry on active duty at a time when the member was not subject to reference (b). Take action as appropriate under paragraph 7 when drug misuse is confirmed, even for cases when a member's status under reference (b) may be unclear.
7. Administrative guidance for reservists who are not on a period of extended active duty.
 - a. Reference (b) and reference (c), article 1620-020, should be consulted for procedures regarding exercise of NJP authority and courts-martial jurisdiction over Navy RC personnel not on extended active duty.
 - b. A reservist who is assigned to any Reserve activity in any status and who is alleged to have committed a drug offense while on active duty or IDT, is subject to NJP and court-martial jurisdiction without regard to any change in member's Reserve status subsequent to commission of offense. No disciplinary action may be taken, if member's military status has been completely terminated before discovery of the alleged offense.
 - c. A reservist in an inactive duty status involved in a confirmed incident of drug use, including conviction in civilian court, is subject to loss of clearance eligibility and administrative action or processing for separation, as appropriate, even though disciplinary action may not be possible. Inactive duty reservists, both officer and enlisted, may be processed for other than honorable discharge for drug misuse established through urinalysis conducted on IDT.
 - d. Refusal to participate in an ordered treatment program constitutes grounds for immediate ADSEP processing and loss of clearance eligibility.
 - e. Navy RC personnel not on extended active duty have no specific right to treatment when processed for administrative discharge. A substance use disorder determination (alcohol or drug) is, therefore, not specifically required as part of the ADSEP process.
 - f. For assistance in handling special cases, contact Commander, Navy Reserve Forces Command (N01A2), 1915 Forrestal Drive, Norfolk, VA 23551-4615.

CHAPTER 6
GAMBLING DISORDER

1. Gambling disorder has been identified by the medical community as an addiction similar to drug or alcohol use.
2. Gambling disorder can also develop in conjunction with other problematic behaviors.
3. Treating a person with gambling disorder may eliminate financial or legal issues that, combined with other problematic behaviors, could spiral out of control.
4. Given the importance and concern with maintaining individual readiness among Service Members, individuals with a diagnosed gambling disorder must be referred to a MTF.

CHAPTER 7
INFORMATION MANAGEMENT PROGRAM REQUIREMENTS

1. Commands are required to utilize the substance use information management tools identified in subparagraphs 1a through 1c:
 - a. Drug Testing Program or Drug Testing Program Lite.
 - b. ADMITS.
 - c. iFTDTL.
2. DAR.
 - a. A DAR must be completed after every self-referral, command-referral, AI or drug incident not the result of a positive urinalysis from a DSL.
 - b. A DAR is required for all drug incidents not reported by a DoD DSL (e.g., member caught or accused of using, possessing, manufacturing, distributing and importing of drugs).
 - c. COs must submit DARs within 14 days of referral or incident (RC units must submit within 30 days). DARs may be amended when additional information becomes available. DARs must be signed electronically via ADMITS by the CO. This responsibility must not be delegated to the DAPA.
 - d. DARs are not used to request administrative action.

CHAPTER 8
EDUCATION AND TRAINING REQUIREMENTS

1. Military Applicants. All military applicants must receive education on Navy's alcohol and drug misuse policies.
2. Delayed Entry Program. All applicants enrolled in the delayed enter program over 180 days must receive education on Navy's alcohol and drug policy.
3. Initial Entry. All new Navy entrants must receive education on alcohol and drug misuse awareness and prevention, Navy policies, resources for help and disciplinary consequences. Education for officer candidates must include similar prevention information plus responsibilities of junior leaders in maintaining military discipline and enforcing the law. Entry-level education must be completed before commissioning or within 90 days after entry on active duty.
4. Periodic Awareness. Alcohol and drug misuse awareness education will be delivered to the appropriate audience at an appropriate periodicity as determined by the local command per Navy directive.
5. ADAMS for Leaders (CIN: S-501-0130). COs, OICs, XOs, CMCs, COBs, SEAs and other senior command personnel must complete ADAMS for Leaders within 1 year of attaining such position and repeat annually due to program changes.
6. DAPA (CIN: S-501-0100). Service Members assigned as DAPAs and assistant DAPAs are required to complete the command DAPA course within 90 days of appointment unless they have completed the course within the previous 3 years.
7. UPC. See the UPC Operating Guide for UPC training and procedures. Service Members or civilians assigned duties as a UPC or assistant UPC must complete this online training in order to support the integrity of the command urinalysis program.
8. Other Workshops. OPNAV N173 periodically conducts workshops throughout the Navy to include:
 - a. ADCO Workshops to provide policy and program updates annually.
 - b. DAPA and UPC refresher workshops to provide refresher training on policy and program updates. DAPAs, UPCs and assistants that have initially completed the DAPA or UPC courses greater than 3 years prior to an available workshop must attend to maintain currency. Refresher training is required every 3 years thereafter.

CHAPTER 9
RECORDS MANAGEMENT

1. DAPA records are temporary records that contain personally identifiable information and require adequate safeguards against unauthorized disclosure. After the subject member has transferred from the command, there are no retention requirements and records may be destroyed locally.
2. Treatment records maintained by SARPs and medical facilities are subject to retention requirements contained in reference (a).
3. Urinalysis testing records generated by DoD DSLs must be retained as in line with reference (a).
4. DARs generated as a result of a drug incident must be included in member's permanent Electronic Military Personnel Record System (EMPRS) files. Hard copies of drug DARs may be mailed to NAVPERSCOM, Records Management Policy Branch (PERS-313), for inclusion into EMPRS. Alcohol DARs are not filed in member's permanent service record, they are maintained in the ADMITS database.

APPENDIX A
GLOSSARY

The definitions listed in paragraphs 1 through 56 are for use within the OPNAV N173 and are not intended to modify the definitions found in statutory provisions, regulations or other directives.

1. **Administrative Screening.** Process used by the command DAPA to collect basic information (review of supervisory comments, evaluations, etc.) prior to medical screening. Basic administrative information is evaluated in the overall screening of an individual referred for an alcohol or drug problem.
2. **Aftercare Plan.** A post-treatment regimen of care prepared by the SARP at the time a member successfully completes a treatment program. Aftercare plans are prepared in consultation with the member's parent command and may include recommendations for clinically monitored outpatient counseling (continuing care), Navy My Ongoing Recovery Experience (MORE) participation, attendance at self-help groups and referrals for additional medical or social services. Member's failure to adhere to all provisions of the aftercare plan may result in a command determination of treatment failure. The aftercare plan is monitored at the command level by the DAPA.
3. **Alcohol Misuse.** The use of alcohol to an extent that it has an adverse effect on performance, conduct, discipline or mission effectiveness; the user's health, behavior, family, community or DON; or leads to unacceptable behavior as evidenced by one or more acts of alcohol-related misconduct.
4. **Alcohol and Drug Misuse for Managers and Supervisors (ADAMS).** ADAMS for Leaders is a course that enables COs, XO's, OICs, CMCs and COBs to establish and maintain an effective command alcohol and drug misuse prevention program.
5. **Alcohol and Drug Control Officer (ADCO).** ADCOs are assigned at second, third and fourth echelon commands. ADCOs oversee alcohol and drug misuse prevention programs in their activities and are responsible for all subordinate commands' compliance with policies and procedures outlined in this instruction.
6. **Alcohol and Drug Management Information Tracking System (ADMITS).** Navy and Marine Corps central repository for alcohol and drug incidents, screenings, treatment and training information. ADMITS provides statistical reporting and longitudinal assessment of the effectiveness of substance abuse programs.
7. **Alcohol Incident (AI).** An offense punishable under reference (b) or civilian authority committed by a member where, in the judgment of the member's CO, the consumption of alcohol was a contributing factor.

8. **Alcoholics Anonymous.** Self-help organization consisting of a fellowship of recovering alcoholics whose primary purpose is to "stay sober and help other alcoholics to achieve sobriety.
9. **Anabolic Agents.** In addition to anabolic steroids, performance-enhancing drugs explicitly listed in Classes S1, S2 and S4 of the World Anti-Doping Code Prohibited List, including all updates and amendments by the World Anti-Doping Agency, will be reported to submitting units because these substances are often used: (1) in conjunction with anabolic steroids as part of on-off use cycles; or (2) to suppress unwanted side effects.
10. **Anabolic Steroids.** Any drug or hormonal substance, chemically and pharmacologically related to testosterone (other than estrogen, progestin and corticosteroid) that promotes muscle growth and includes any salt, ester or isomer of such a drug or substance described or listed in the Designer Anabolic Steroid Control Act of 2014 and subsequent amendments or the Comprehensive Drug Abuse Prevention and Control Act of 1970, Section 802, if that salt, ester or isomer promotes muscle growth.
11. **Authorized or Legitimate Drug Use.** The Service Member has a prescription(s) or valid medical explanation for a drug(s) that caused the positive urinalysis result. A positive result from a prescription for an ongoing condition that is renewed within 30 days of the expiration of the previous prescription may be considered to have been authorized use for this purpose.
12. **Blood Alcohol Content or Concentration (BAC).** The percentage of alcohol in the blood system expressed in the ratio of grams of alcohol per deciliter of blood. BAC differs between individuals for a variety of reasons including, but not limited to, rate of drinking, strength of drink, body weight and gender.
13. **Chain of Custody.** Process by which the integrity of a urinalysis sample is maintained from collection through testing and is used at legal proceedings to demonstrate custody of the sample throughout the process. Chain of custody procedures require strict adherence to the use of custody documents, labels, etc., by authorized personnel.
14. **Continuing Care.** Care designed to enhance transition into ongoing healthy life-styles. Typically, continuing care or maintenance services follow a more intense period of treatment. In most cases continuing Care services will be available for 1 year following formal SARP treatment, but frequency and length may vary based on the needs of the patient.
15. **Controlled Substance.** A drug or other substance found in schedules I through V of the Comprehensive Drug Abuse Prevention and Control Act of 1970, Title 21 United States Code Section 812, et al. Use of controlled substances is restricted or prohibited, depending on the classification of the drug.

16. Controlled Substance Analogue (Designer Drug). A substance which has a chemical structure substantially similar to that of a controlled substance and is specifically designed to produce an effect that is substantially similar to that of a controlled substance.

17. Deglamorization. A term used in the alcohol and other drug misuse prevention field that means to "take the glamor out." Deglamorization is a command requirement and involves not promoting alcohol use, providing alternative activities to drinking, ensuring that non-alcoholic alternatives are available at official functions, providing a climate that says "it's okay not to drink," etc.

18. Determination of "No Wrongful or Illegitimate Use." Assessment process to determine if a Service member's positive urinalysis was a result of authorized drug use.

19. Diagnostic and Statistical Manual of Mental Disorders (DSM). A manual, reference (z), prepared by the American Psychiatric Association as a guide for clinical practitioners that provides the diagnostic criteria for substance use disorders. Each updated edition of the DSM is identified by number, e.g., DSM V. All references to the DSM in this instruction refer to the current edition at time of diagnosis.

20. Drink. A drink of alcohol is generally regarded as 1.5 ounce of liquor, 5 ounces of wine or 12 ounces of beer. They contain the same amount of alcohol used by researchers for data collection purposes and in charts that estimate BAC.

21. Driving Under the Influence (DUI) or Driving While Intoxicated (DWI). Definitions vary slightly by locality and under reference (b); however, in general DUI and DWI is the operation of or being in the physical control of a motor vehicle or craft while impaired by any substance, legal or illegal. In all States, a recorded BAC.08 is prima facie proof of DUI or DWI without any other evidence. It should be noted that in many States, drivers can be impaired at levels lower than .08 and can be convicted on other evidence without a recorded BAC. Additionally, the operation of or the physical control of a motor vehicle or craft by a person under the age of 21 with any recorded BAC is against the law.

22. Drug Misuse. The wrongful use of a controlled substance, prescription medication, over-the-counter medication or intoxicating substance (other than alcohol). For purposes of this instruction, drug misuse also includes the intentional inhalation of fumes or gases of intoxicating substances with the intent of achieving an intoxicating effect on the user's mental or physical state and steroid usage other than that specifically prescribed by a competent authority.

23. Drug and Alcohol Program Advisor (DAPA). A CO's advisor on all matters relating to alcohol or other drugs. Among other duties, DAPAs support the COs prevention plan, conduct administrative screenings, prepare required reports (e.g., DARs), provide prevention education and monitor aftercare.

24. Drug and Alcohol Report (DAR). (Formerly known as the Drug and Alcohol Abuse Report (DAAR)). OPNAV 5350/7 basic reporting form submitted by the command to the ADMITS system. DAR submission is required for reporting AIs, drug positives and other system information requirements. The DAR form must be submitted within 14 days of an incident. Command DAPAs should utilize the on-line version of this form, which may be accessed at <https://www.bol.navy.mil/>.

25. Drug Dependence. See substance use disorder.

26. Drug Incident. Any incident in which the use of a controlled substance or illegal drug or the improper use of a legal drug or intoxicating substance (other than alcohol) is a contributing factor. Mere possession or trafficking in a controlled substance, illegal drug, legal drug intended for improper use or drug paraphernalia is classified as a drug incident. Additionally, testing positive for a controlled substance, illegal drug or a legal drug not prescribed, may be considered a drug incident.

27. Drug Paraphernalia. All equipment, products and materials of any kind that are used, intended for use or designed for use, in planting, propagating, cultivating, growing, harvesting, manufacturing, compounding, converting, producing, processing, preparing, testing, analyzing, packaging, repackaging, storing, containing, concealing, injecting, ingesting, inhaling or otherwise introducing into the human body a controlled substance in violation of the Comprehensive Drug Abuse Prevention and Control Act of 1970, Section 801, et seq or a controlled substance analogue.

28. Drug Screening Lab (DSL). There are two Navy DSLs, which are located in Jacksonville, FL and Great Lakes, IL. They analyze urine specimens for the presence of drugs of abuse under forensic (legally defensible) conditions. DSLs also provide services to submitting units such as technical consultation on positive results and expert witness testimony in legal proceedings.

29. Illegal Drug. Category of substances including controlled substances, controlled substance analogues and all other prohibited (whether by law or regulation) drugs (e.g., Lysergic Acid Diethylamide, marijuana, cocaine, heroin, sometimes referred to as illicit drugs). Normally includes all substances listed on Schedule I of the Controlled Substances Act.

30. Illicit Drug. See Illegal Drug.

31. Early intervention. Intensive, goal-oriented, educational program designed for individuals who incur a substance misuse incident.

32. Inhalant Misuse (huffing, bagging). Intentional inhalation or breathing of gas, fumes or vapors of a petroleum or chemical-based substance or compound with the intent of inducing intoxication, excitement or stupefaction in the user. Bagging refers to inhaling fumes of a substance from a bag.

33. Innocent Ingestion. See Unknowing Ingestion.

34. Internet Forensic Toxicology Drug Testing Laboratory (iFTDTL). A web-based system operated by DoD that is the primary means of reporting urinalysis results.

35. Intervention. Act or process of confronting or otherwise directing an individual to obtain help for an alcohol or other drug problem. Individuals who have alcohol or drug problems may deny those problems or be unwilling to seek help. COs, OICs, supervisors, shipmates, counselors, other medical professionals or spouses can intervene.

36. Licensed Independent Practitioner (LIP). LIP is a licensed psychologist, physician, psychiatrist, social worker, marriage and family therapist or other medical professional who has the clinical responsibility for the screening, assessment and treatment of alcohol and other drug clients. LIPs clinically supervise counselors and have the ultimate responsibility for the treatment of clients under their supervision.

37. Medical Screening. Assessment of the nature and extent of an individual's alcohol or other drug use to determine if his or her use is consistent with a substance related diagnosis and to determine the appropriate level of care. Navy drug and alcohol counselors collect information and diagnostic impressions for the screening, but the actual diagnosis must be made by a LIP.

38. Medical Treatment Facility (MTF). Any DoD or authorized civilian institution that provides medical, surgical or psychiatric care and treatment for sick or injured DoD personnel and their family members. Alcohol and other drug treatment in the Navy is the responsibility of the Chief, BUMED. Alcohol treatment may be an integral department of an MTF or may exist or operate independently and report to a cognizant MTF.

39. Natural Substances. Naturally occurring substances used for their psychoactive effects, including but not limited to *Canavalia Maritima*, *Salvia Divinorum*, *Nymphaea Caerulea*, *Scutellaria Nana*, *Pedicularis Densiflora*, *Zornia Latifolia*, *Nymphaea Alba*, *Leonotis Leonurus*, *Nelumbo Nucifera* and *Leonurus Sibiricus*.

40. Navy Drug and Alcohol Advisory Council (NDAAC). Local, area or regional councils that meet regularly to determine alcohol and other drug threats to plan and implement countermeasures. This meeting can be incorporated into existing meetings (i.e. Command Resilient Team).

41. Navy Drug and Alcohol Counselor (NDAC). A military member or civilian employee specifically trained and certified to conduct screening, counseling, education and treatment of substance use disorders and who work under the clinical supervision of a LIP.

42. Navy Drug and Alcohol Counselor School (NDACS). Residential school for training Navy drug and alcohol counselors. Also, the certification board for Navy Drug and Alcohol Counselors.

43. Navy Drug Screening Program (NDSP). A computer-based application developed to assist commands in administering their urinalysis testing program.

44. Prevention Program. A proactive process of planned activities targeted to counter the identified threat of alcohol and drug misuse in the Navy. Effective prevention programs will include threat assessment, policy development and implementation, public information activities, education and training, deglamorization, evaluation and should also be tailored to specific geographical areas or commands (i.e., command or community-based).

45. Referral - A form of early intervention to avail Service Members of help in overcoming substance use disorders:

a. Self-referral is personally initiated by the Service Member for the purpose of seeking counseling or treatment. Service Members who desire counseling or treatment resulting from drug or alcohol misuse may initiate the process by disclosing the nature and extent of their problem.

b. Command-referral is initiated by the Service Member's chain of command and may be based on any credible factor such as hearsay, personal observation or noticeable change in job performance.

46. Relapse. A relapse is a return to drinking or drug misuse, no matter how brief. Sometimes a relapse can be therapeutic if it reinforces to the individual that they really do have a problem and strengthens their commitment to a recovery program. On the other hand, a relapse could result in a return to drinking with all its attendant problems, requiring another intervention and treatment.

47. Serious Offense. Any offense committed by a Service Member for which a punitive discharge or confinement for 1 year, would be authorized by reference (t) for the same or a closely related offense and for which the specific circumstances warrant separation. See references (aa) for enlisted members and reference (ab) for officers.

48. Substance Use Disorder (Formerly Abuse and Dependence).

a. Patterns of symptoms resulting from use of a substance which the individual continues to take, despite experiencing problems as a result.

b. Overall, the diagnosis of a substance use disorder is a cluster of cognitive, behavioral and physiological symptoms indicating that the individual continues using substance despite

significant substance related problems. Substance use disorder is based on a pathological pattern of behaviors related to use of the substance.

- c. A diagnosis of substance use disorder requires some form of intervention and treatment.

49. Substance Abuse Rehabilitation Program (SARP). Any branch, department or section of an MTF or branch medical clinic that provides screening, referrals, early intervention or treatment services for substance-related disorders. Range of services provided (i.e., from screening and education to residential inpatient treatment) depends on staffing and capability of the facility.

50. Threat Assessment. Assessment of the actual or potential impact of alcohol or other drugs threats on a command, geographical area, etc. An effective prevention program requires an ongoing threat assessment.

51. Treatment. Process of restoring to effective function by means of a structured therapeutic program. Level and length of treatment depends on severity of the alcohol or drug problem. The level of treatment and continuum of care is generally divided into five levels of intensity as outlined in references (q) and (ac):

- a. Level 0.5, Early Intervention and Education Program. Early Intervention: typically, psychoeducation for those at-risk of developing substance-related or addictive behavioral problems.

- b. Level 1, Outpatient Treatment, 40 hours or 2 weeks.

- c. Level 2, Intensive Outpatient or Partial Hospitalization, a combination of group and individual care typically delivered between 9-20 hours per week for 1-3 weeks.

- d. Level 3, Residential: residential treatment is an organized, interdisciplinary, clinical service in which qualified healthcare professionals provide 24 hours a day, 7 days a week, medically monitored assessment, evaluation and treatment, typically 5 weeks in duration.

- e. Level 4, Medically Managed Intensive Inpatient Treatment: this level of care offers 24-hour nursing care and daily physician care for severe, unstable problems. Full resources of general acute medical or psychiatric care available. Length of stay is determined by the clinical needs of the patient.

52. TRICARE. A DoD medical services delivery system characterized by reciprocal facilities and services of all three military departments. Within a TRICARE region, a Service Member may be referred to the nearest SARP, regardless of the branch of service.

53. Unknowing (Innocent) Ingestion. Introduction of illicit, prescription or other drugs to a Service Member's body without knowledge or consent of the member.

54. Urinalysis Program Coordinator (UPC). Individuals designated in writing, responsible for all aspects of the command urinalysis program.

55. Valid Prescription. Controlled substance for which a Service Member has a prescription from a licensed medical authority and has taken the substance pursuant to the prescription and the licensed medical authority's direction. For the purpose of this instruction, a prescription is valid for the period as written by the prescribing authority. If a period of validity is not specified, prescriptions for schedule II through V controlled substances expire 180 days after dispensation.

56. Wrongful or Illegitimate Use. The Service Member does not have a prescription or valid medical explanation for the presence of a drug that would account for the positive urinalysis test result. The use of any prescription medication not prescribed to the Service Member would be illegitimate.